

Docket No:

WE THE PATRIOTS USA, INC;  
CT FREEDOM ALLIANCE, LLC;  
CONSTANTINA LORA, Individually and  
as ppa for CHILD #1; MIRIAM  
HIDALGO, Individually and as ppa for  
CHILD #2 and CHILD #3; ASMA  
ELIDRISSI, Individually and as ppa  
for CHILD #4 and CHILD #5;

Plaintiffs,

v.

CONNECTICUT OFFICE OF EARLY  
CHILDHOOD DEVELOPMENT;  
CONNECTICUT STATE  
DEPARTMENT OF EDUCATION;  
CONNECTICUT DEPARTMENT  
OF PUBLIC HEALTH; BETHEL BOARD  
OF EDUCATION; GLASTONBURY  
BOARD OF EDUCATION;  
STAMFORD BOARD OF EDUCATION;  
CHARLENE M. RUSSELL-TUCKER;  
DR. MANISHA JUTHANI

Defendants.

SUPERIOR COURT

J.D. OF HARTFORD  
AT HARTFORD

February 8, 2022

### **COMPLAINT**

*“The constitutional freedom of religion is the most inalienable and sacred of all human rights.”* – Thomas Jefferson

1. This is an action that seeks to forestall and redress the harm caused to countless parents and their children by Conn. Gen. Stat. § 10-204a, which the Connecticut General Assembly amended in April 2021 to require parents to choose between educating their children or their religious beliefs. It states claims for declaratory and injunctive relief under Article First, §§ 3 and 20 of the Connecticut Constitution, Article

Eighth of the Connecticut Constitution, Conn. Gen. Stat. § 10-15c, and Conn. Gen. Stat. § 46a-64.

## **PARTIES**

2. The Plaintiff, We The Patriots USA, Inc., is a nonprofit public charity organized and operated exclusively for tax-exempt purposes in accordance with Section 501(c)(3) of the Internal Revenue Code. More specifically, it is dedicated to promoting constitutional rights and other freedoms through education, outreach, and public interest litigation, thereby advancing religious freedom, medical freedom, parental rights, and educational freedom for all. As a Section 501(c)(3) public charity, it has members who participate in its tax-exempt activities as volunteers and committed community stakeholders bringing and supporting litigation in federal and state courts on a variety of constitutional and other freedom-related matters directly affecting their rights and interests. A significant number of its members are Connecticut parents affected by the matters complained of herein. It counts the individual plaintiffs among its members.

3. The Plaintiff, CT Freedom Alliance, LLC, is a public interest organization dedicated to advocating for religious freedom, medical freedom, parental rights, and educational freedom among others. It has engaged in lobbying in opposition to the law at issue in this suit on behalf of its members, and it brings and supports litigation in various courts on a variety of matters. Most of its members are parents affected by the legislation complained of herein. It counts the individual plaintiffs among its members.

4. The Plaintiff, Constantina Lora, is an adult citizen of the state of Connecticut, and she is a member of We The Patriots USA, Inc. She sues on behalf of

herself and her minor child, CHILD # 1 – a Bethel preschooler who will be eligible for kindergarten in August 2022.

5. The Plaintiff, Miriam Hidalgo, is an adult citizen of the state of Connecticut. She sues on behalf of her two minor children – CHILD # 2 and CHILD # 3, both of whom are eligible for daycare, one of whom is eligible for preschool and one of whom will be eligible for preschool, and both of whom will be eligible for kindergarten in the near future.

6. The Plaintiff, Asma Elidrissi, is an adult resident of the state of Connecticut. She sues on behalf of her two minor children – CHILD # 4 and CHILD # 5, who are eligible for daycare and preschool and one of whom had registered for kindergarten in the fall of 2021 in Stamford, Connecticut and could not attend because of Conn. Gen. Stat. § 10-204a's requirements.

7. The Defendant, Connecticut Office of Early Childhood Development (OEC), is a branch of Connecticut's state government and is the primary regulatory authority for early childhood development programs including preschool and daycare.

8. The Defendant, Connecticut Department of Public Health, is a branch of Connecticut's state government and is charged with primary enforcement of public health laws in Connecticut.

9. The Defendant, Connecticut State Department of Education, is a branch of Connecticut's state government and is the primary regulatory authority for public education in Connecticut.

10. Defendant Bethel Board of Education is the governing body and local education agency for the Bethel Public Schools and all educational institutions in Bethel, Connecticut.

11. Defendant Glastonbury Board of Education is the governing body and local education agency for the Glastonbury Public Schools and all educational institutions in Glastonbury, Connecticut.

12. Defendant Stamford Board of Education is the governing body and local education agency for the Stamford Public Schools and all educational institutions in Stamford, Connecticut.

13. Defendant Charlene M. Russell-Tucker is the Commissioner of the Connecticut Department of Education and is sued in her official capacity only.

14. Defendant Dr. Manisha Juthani is the Commissioner of the Connecticut Department of Public Health and is sued in her official capacity only.

### **FACTUAL ALLEGATIONS**

#### ***Context***

15. Article Eighth, § 1 of the Connecticut Constitution guarantees free public education to all Connecticut citizens.

16. During the waning hours of April 27, 2021, the Connecticut General Assembly passed a heavily amended bill labelled HB-6423 – “An Act Concerning Immunizations” – and immediately sent the act to Governor Ned Lamont to sign into law. Governor Lamont signed the act into law on April 28, 2021. It took effect immediately and amended Conn. Gen. Stat. § 10-204a.

17. The original HB-6423, see **Exhibit A**, was replaced entirely by House Amendment Schedule A. See **Exhibit B**. House Amendment Schedule G added a final section to the bill. See **Exhibit C**. The full Connecticut legislature voted to pass the bill as modified by Schedule A and Schedule G. They constitute the entirety of the law.

18. The act's amendments to Conn. Gen. Stat. § 10-204a require parents of children enrolled in preschool programs or any other prekindergarten program – public or private – to vaccinate their children on or before September 1, 2022 or not later than fourteen days after transferring to another program and to submit proof of that vaccination to their school even if vaccinating their children is contrary to their religious beliefs. **Exhibit B, p. 4, Section 1(c).** They do not require parents of children already enrolled in kindergarten through grade 12 to vaccinate their children if vaccinating their children is contrary to their religious beliefs.

19. The amendments, however, do not disturb the medical exemption to the vaccination requirement upon the provision of a medical professional's note. **Exhibit B, p. 2, Section 1(a).**

20. Enforcement of the the act falls to local school boards such as the defendant school boards named here.

21. Finally, vaccination data available in April 2021 from the Connecticut Department of Public Health showed that kindergarten students have an average vaccination rate of 96.2% for their measles, mumps, and rubella (MMR) vaccines. See **Exhibit D – School Immunization Survey Data, pp. 2-3.**<sup>1</sup>

***A Product Derived From Aborted Fetuses With Potential For Devastating Consequences***

22. A vaccine consists of a virus (or a component of a virus), a liquid buffer, contaminants from the cell line used to manufacture it, commercial stabilizer, and other additives.

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<sup>1</sup> <https://portal.ct.gov/DPH/Immunizations/School-Survey>

23. It is physically impossible to remove all cell line contaminants from a vaccine dosage.

24. Pharmaceutical companies use cell lines artificially developed over decades from aborted fetuses to research, develop, test, and produce their vaccines.

25. As of February 2020, the United States Center for Disease Control and Prevention (CDC) lists ten manufactured and commonly administered vaccines that contain human fetal cells (designated by the acronyms MRC-5 and WI-38). **Exhibit E – Vaccine Excipient Summary.**<sup>2</sup>

26. The presence of very small amounts of human fetal cells and DNA in the human blood can create a very strong autoimmune reaction in a person by which his body turns against itself and starts killing its own cells and tissues.

***Plaintiff Constantina Lora & CHILD # 1***

27. Constantina Lora is a Connecticut resident with one child, Child # 1, who attends pre-school in Bethel, Connecticut. Child # 1 is subject to Conn. Gen. Stat. § 10-204a's amended vaccination mandate.

28. Lora and her husband are devout Greek Orthodox believers who decline vaccination on two religious grounds.

29. First, they personally believe that to use or benefit from the use of aborted fetal cells or cells artificially derived from them is morally wrong and would constitute participation in what they feel was an act of intentional, premeditated murder of another

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<sup>2</sup> <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>

human being. They also personally believe that injecting themselves with cells from other animals and chemicals – which are present in all vaccines – is morally wrong.

30. Second, they personally hold a general religious belief that harming a child is morally wrong, and they believe that vaccinating their children would harm them, thus rendering it wrong.

31. This is not the Lora and her husband's first encounter with intolerance for their religious beliefs regarding vaccinations. They used to live in New York and, in or about February 2021, they moved to Connecticut permanently because New York repealed its religious exemption to the school vaccination requirements. Lora's husband now commutes three hours to work every day because New York failed to respect the family's religious beliefs, and they have refused to abandon their beliefs.

32. Lora and her husband have one child who is enrolled in pre-school with a current religious exemption. They have two older children in middle school and high school who will be allowed to keep their religious exemptions. Their youngest child, CHILD # 1, will enroll in kindergarten in the fall of 2022 and will not be allowed to keep their religious exemption.

***Plaintiff Miriam Hidalgo, CHILD # 2, & CHILD # 3***

33. Plaintiff Miriam Hidalgo and her husband have two small children, CHILD # 2 and CHILD # 3 who are eligible for daycare and became eligible for preschool in the fall of 2021 in Glastonbury, Connecticut. Their children are subject to the vaccination requirement, and Conn. Gen. Stat. § 10-204a will not permit to claim a religious exemption.

34. Miriam and her husband are devout Catholics who decline vaccinations on two grounds.

35. First, they personally believe that to use or benefit from the use of aborted fetal cells is morally wrong and would constitute participation in what they feel was an act of intentional, premeditated murder of another human being.

36. Second, they also have reached an agreement to raise their children as vegans – a decision grounded in Miriam’s personal religious beliefs. Thus, they believe that injecting their children with cells from other animals is morally wrong.

37. Miriam and her husband operate three small businesses. While Miriam has dedicated herself to being a stay-at-home mother, she still needs to attend to responsibilities pertaining to those businesses. Homeschooling her children places an overwhelming burden upon her. Conn. Gen. Stat. § 10-204, as amended, prevents CHILD # 2 and CHILD # 3 from attending public or private schools in Connecticut unless they violate their religious beliefs.

***Plaintiff Asma Elidrissi, CHILD # 4, & CHILD # 5***

38. Plaintiff Asma Elidrissi and her husband are immigrants to the United States and have two small children – CHILD # 4 and CHILD # 5. CHILD # 4 is eligible for kindergarten and one who is eligible for preschool. CHILD # 4 and CHILD # 5 will be subject to the vaccination requirement and will not be allowed to claim a religious exemption.

39. Asma and her husband are devout Muslims who decline vaccinations on three religious grounds:



40. First, they personally believe that to use or benefit from the use of aborted fetal cells is morally wrong and would constitute participation in what they feel was an act of intentional, premeditated murder of another human being.

41. Second, they abstain from pork on religious grounds. Porcine gelatine – a derivative of pork – is used as a stabilizer in certain vaccines, including ones that the Defendants will require. To inject themselves with these vaccines would violate the well-established Muslim prohibition on consuming pork.

42. Third, before Asma fully informed herself of vaccine ingredients, she followed a doctor's assurance that vaccines posed no harm to her children and that they did not contain products barred by her religion. Thus, her son received the measles, mumps, and rubella (MMR) vaccination. That vaccination caused him to suffer serious symptoms and ultimately a speech and learning disorder for which he now receives special services. Asma and her husband hold a sincere religious belief that harming children is morally wrong. Vaccines have harmed their children, and they object to harming their children as being morally wrong.

43. Finally, Asma and her husband are not wealthy, and Asma needs to return to work to supplement their income so they can afford to provide their children with a full upbringing in accordance with the American dream that they have come to the United States to pursue. If their children cannot attend any school or day care – public or private, Asma will be unable to return to work. They also own a small business and have put down deep roots in Connecticut. Moving to another state to freely exercise their religion is not a viable option for them.

**Count One – Violation of Article First, § 3 of the Connecticut Constitution: Right To Free Exercise Of Religion**

44. Paragraphs 1 through 43 are incorporated herein.

45. Article First, § 3 of the Connecticut Constitution provides, in relevant part, “The exercise and enjoyment of religious profession and worship, without discrimination, shall forever be free to all persons in the state; provided, that the right hereby declared and established, shall not be so construed as to excuse acts of licentiousness, or to justify practices inconsistent with the peace and safety of the state.”

46. Article Eighth of Connecticut’s Constitution guarantees all Connecticut children a right to a free and adequate public education.

47. Conn. Gen. Stat. § 10-204a, as amended, prohibits any child whose parents decline to vaccinate them on religious grounds from attending pre-school or kindergarten through grade 12 in both public and private schools, daycares, and pre-schools, except for the children who are already enrolled in kindergarten through grade 12 and have already claimed a religious exemption.

48. Conn. Gen. Stat. § 10-204a, as amended, however, does allow parents to decline to vaccinate their children if a medical professional grants their children a medical exemption from vaccination.

49. Conn. Gen. Stat. § 10-204a, as amended, denies a generally available benefit – education – to children if their parents do not waive their religious identity while affording the same benefit to parents and children who assert a medical exemption.

50. Thus, Conn. Gen. Stat. § 10-204a, as amended, violates Article First, § 3 of the Connecticut Constitution on its face.

51. Conn. Gen. Stat. § 10-204a, as amended, also prevents parents from seeking alternative education options for their children by applying the same mandate to private schools, daycares, and pre-schools.

52. In other words, Conn. Gen. Stat. § 10-204a, as amended, forces parents to either renounce their religious beliefs and vaccinate their children or homeschool their children – something that many parents cannot do – thus depriving them of any education opportunities.

53. Thus, Conn. Gen. Stat. § 10-204a, as amended, seeks to compel an activity that goes against the Plaintiffs' religious beliefs by depriving their children of a fundamental state constitutional right. Therefore, it violates Article First, § 3 of the Connecticut Constitution.

#### **Count Two – Violation of Conn. Gen. Stat. § 52-571b**

54. Paragraphs 1 through 53 are incorporated herein.

55. Conn. Gen. Stat. § 52-571 prevents the Defendants from burdening the Plaintiffs' free exercise of their religion unless the Defendants can show that the burden furthers a compelling governmental interest and is the least restrictive means of furthering that compelling governmental interest.

56. Article Eighth of Connecticut's Constitution guarantees all Connecticut children a right to a free and adequate public education.

57. Conn. Gen. Stat. § 10-204a, as amended, prohibits any child whose parents decline to vaccinate them on religious grounds from attending pre-school or kindergarten through grade 12 in both public and private schools, daycares, and pre-schools, except

for the children who are already enrolled in kindergarten through grade 12 and have already claimed a religious exemption.

58. Conn. Gen. Stat. § 10-204a, as amended, however, does allow parents to decline to vaccinate their children if a medical professional grants their children a medical exemption from vaccination.

59. Conn. Gen. Stat. § 10-204a, as amended, denies a generally available benefit – education – to children if their parents do not waive their religious identity while affording the same benefit to parents and children who assert a medical exemption.

60. The provision of a secular exemption (a medical exemption) contradicts any claim of a compelling interest that the Defendants might fashion. Simply put, the Defendants do not have a compelling interest. Thus, the Defendants' enforcement of Conn. Gen. Stat. § 10-204a, as amended, violates Conn. Gen. Stat. § 52-571b.

61. Conn. Gen. Stat. § 10-204a, as amended, also prevents parents from seeking alternative education options for their children by applying the same mandate to private schools, daycares, and pre-schools.

62. In other words, Conn. Gen. Stat. § 10-204a, as amended, forces parents to either renounce their religious beliefs and vaccinate their children or homeschool their children – something that many parents cannot do – thus depriving them of any education opportunities.

63. Even assuming that the Defendants have a compelling interest, there are far less restrictive means to further the interest, which they have ignored completely. For instance, testing and quarantines for the infected have stood as highly effective measures of disease control for decades.

64. Thus, the Defendants' enforcement of Conn. Gen. Stat. § 10-204a, as amended, is not the least restrictive means to further the Defendants' interest, and it violates Conn. Gen. Stat. § 52-571b.

**Count Three – Violation of The Right To Bodily Self-Determination Under Article First, § 8 of the Connecticut Constitution And The Common Law**

65. Paragraphs 1 through 64 of this Complaint are incorporated herein.

66. In *Stamford Hosp. v. Vega*, 236 Conn. 646 (1996), the Connecticut Supreme Court recognized a common law right of bodily self-determination: "The right to refuse medical treatment is a right rooted in this nation's fundamental legal tradition of self-determination.... That common law right, and its roots in our legal tradition, have a long and impressive pedigree. More than one century ago, the United States Supreme Court recognized that "[n]o right is held more sacred, or is more carefully guarded, by the common law, than the right of every individual to the possession and control of his own person, free from all restraint or interference of others, unless by clear and unquestioned authority of law."

67. This common law right's long history and fundamental standing in Connecticut's legal system qualifies it as a fundamental unenumerated right under Article First, § 8 of the Connecticut Constitution.

68. Conn. Gen. Stat. § 10-204a, as amended, deprives the Plaintiffs of their right to bodily self-determination by conditioning the state constitutional right to a free and adequate education on adhering to the state's mandates for personal medical decisions.

69. Conn. Gen. Stat. § 10-204a, as amended, deprives the Plaintiffs of their rights to privacy and medical freedom by leaving the Plaintiffs no viable alternatives to educate their children without submitting to the Defendants' interference with her medical

decisions. The Plaintiffs do not have the capabilities to adequately homeschool their children. They cannot send their children to private schools, daycares, or pre-schools because Conn. Gen. Stat. § 10-204a, as amended, places the same mandates on private institutions as it does on public ones.

70. Thus, Conn. Gen. Stat. § 10-204a, as amended, violates Article First, § 8 of the Connecticut Constitution and the well-established common law right to bodily self-determination.

**Count Four – Violation of The Equal Protection Principles Of Article First, § 1 of the Connecticut Constitution.**

71. Paragraphs 1 through 70 of this Complaint are incorporated herein.

72. Conn. Gen. Stat. § 10-204a, as amended, prohibits any child whose parents decline to vaccinate them on religious grounds from attending pre-school or kindergarten through grade 12 in both public and private schools, daycares, and pre-schools, except for the children who are already enrolled in kindergarten through grade 12 and have already claimed a religious exemption.

73. Conn. Gen. Stat. § 10-204a, as amended, however, does allow parents to decline to vaccinate their children if a medical professional grants their children a medical exemption from vaccination.

74. Conn. Gen. Stat. § 10-204a, as amended, denies a generally available benefit – education – to children if their parents do not waive their religious identity while affording the same benefit to parents and children who assert a medical exemption.

75. Thus, Conn. Gen. Stat. § 10-204a, as amended, renders the Plaintiffs less equal in rights to their peers, violating Article I, § 1 of the Connecticut Constitution.

### **Count Five – Violation of Article I, § 8 of the Connecticut Constitution’s Right To Child Rearing**

76. Paragraphs 1 through 75 of this Complaint are incorporated herein.

77. Article I, § 8 of the Connecticut Constitution guarantees a fundamental right for parents to rear their children in the manner that they see fit, and it minimizes state intrusion.

78. Conn. Gen. Stat. § 10-204a’s, as amended, imposition of a vaccination requirement that prohibits the Plaintiffs from educating their children in any forum – public or private – completely interferes with their right to decide what is best for their children’s health and to raise them according to their religious beliefs.

79. Thus, Conn. Gen. Stat. § 10-204a, as amended, violates the Article I, § 8 of the Connecticut Constitution.

### **Count Six – Violation of Article Eighth of the Connecticut Constitution**

80. Paragraphs 1 through 79 of this Complaint are incorporated herein.

81. Article Eighth of the Connecticut Constitution protects the Plaintiffs right to a free and adequate public education and requires the Defendants to take affirmative steps to implement and maintain that right. *See Sheff v. O’Neill*, 238 Conn. 1, 21 (1996).

82. Conn. Gen. Stat. § 10-204a, as amended, goes a diabolical step farther. It not only completely forecloses a free public education to the Plaintiffs, but it also bars them from securing a private education at their own expense.

83. The Defendants have taken no steps to provide the Plaintiffs and anyone similarly situated with any options to obtain an education.

84. Conn. Gen. Stat. § 10-204a, as amended, violates Article Eighth of the Connecticut Constitution.

### **Count Seven – Violation of Conn. Gen. Stat. § 10-15c**

85. Paragraphs 1 through 84 of this Complaint are incorporated herein.

86. Conn. Gen. Stat. § 10-15c prohibits discrimination on the basis of religion in public schools.

87. Conn. Gen. Stat. § 10-204a, as amended, discriminates against the Plaintiffs on the basis of religion by barring them from receiving religious accommodations, which, in turn, bars them from enjoying the benefits of public schools.

88. Thus, Conn. Gen. Stat. § 10-204a, as amended, violates Conn. Gen. Stat. § 10-15c.

### **Declaratory and Injunctive Relief**

WHEREFORE, the Plaintiffs seeks declaratory injunctive relief as follows:

- A. A declaratory judgment finding that Conn. Gen. Stat. § 10-204a, as amended, violates Article I, § 3 of the Connecticut Constitution and is unconstitutional.
- B. A declaratory judgment finding that Conn. Gen. Stat. § 10-204a, as amended, violates Conn. Gen. Stat. § 52-571b and is unconstitutional.
- C. A declaratory judgment finding that Conn. Gen. Stat. § 10-204a, as amended, violates the Plaintiffs' rights to bodily self-determination under Article I, § 8 of the Connecticut constitution and the common law and is unconstitutional and unlawful.
- D. A declaratory judgment finding that Conn. Gen. Stat. § 10-204a, as amended, violates the Article First, § 1 of the Connecticut constitution and is unconstitutional.



- E. A declaratory judgment finding that Conn. Gen. Stat. § 10-204a, as amended, violates Article I, § 8 of the Connecticut Constitution's right to child rearing and is unconstitutional.
- F. A declaratory judgment finding that Conn. Gen. Stat. § 10-204a, as amended, violates Article Eighth of the Connecticut Constitution and is unconstitutional.
- G. A declaratory judgment finding that the Defendants' actions in enforcing Conn. Gen. Stat. § 10-204a, as amended, constitute unlawful discrimination in violation of Conn. Gen. Stat. § 10-15c.
- H. A permanent injunction enjoining the Defendants and their agents from enforcing any provision of Conn. Gen. Stat. § 10-204a, as amended.
- I. Reasonable costs and attorney's fees.
- J. Such other relief as this Court deems fair and equitable.

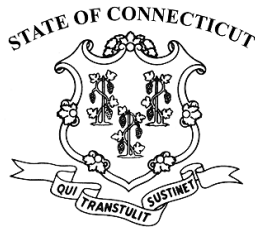
THE PLAINTIFFS

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/s/ Cameron L. Atkinson /s/  
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# **Exhibit A**



# House of Representatives

General Assembly

**File No. 431**

January Session, 2021

Substitute House Bill No. 6423

*House of Representatives, April 14, 2021*

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## ***AN ACT CONCERNING IMMUNIZATIONS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 10-204a of the general statutes are repealed and the  
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) Each local or regional board of education, or similar body  
4 governing a nonpublic school or schools, shall require each child to be  
5 protected by adequate immunization against diphtheria, pertussis,  
6 tetanus, poliomyelitis, measles, mumps, rubella, [hemophilus]  
7 haemophilus influenzae type B and any other vaccine required by the  
8 schedule for active immunization adopted pursuant to section 19a-7f  
9 before being permitted to enroll in any program operated by a public or  
10 nonpublic school under its jurisdiction. Before being permitted to enter  
11 seventh grade, a child shall receive a second immunization against  
12 measles. Any such child who (1) presents a certificate from a physician,  
13 physician assistant, advanced practice registered nurse or local health  
14 agency stating that initial immunizations have been given to such child  
15 and additional immunizations are in process (A) under guidelines and

16 schedules specified by the Commissioner of Public Health, or (B) in the  
17 case of a child enrolled in sixth grade or below who, prior to the effective  
18 date of this section, was exempt from the appropriate provisions of this  
19 section upon presentation of a statement that such immunizations  
20 would be contrary to the religious beliefs of such child or the parents or  
21 guardian of such child, as such additional immunizations are  
22 recommended, in a written declaration, in a form prescribed by the  
23 Commissioner of Public Health, for such child by a physician, a  
24 physician assistant or an advanced practice registered nurse; or (2)  
25 presents a certificate, in a form prescribed by the commissioner  
26 pursuant to section 7 of this act, from a physician, physician assistant or  
27 advanced practice registered nurse stating that in the opinion of such  
28 physician, physician assistant or advanced practice registered nurse  
29 such immunization is medically contraindicated because of the physical  
30 condition of such child; [or (3) presents a statement from the parents or  
31 guardian of such child that such immunization would be contrary to the  
32 religious beliefs of such child or the parents or guardian of such child,  
33 which statement shall be acknowledged, in accordance with the  
34 provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of  
35 record or a family support magistrate, (B) a clerk or deputy clerk of a  
36 court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of  
37 the peace, (F) an attorney admitted to the bar of this state, or (G)  
38 notwithstanding any provision of chapter 6, a school nurse;] or [(4)] (3)  
39 in the case of measles, mumps or rubella, presents a certificate from a  
40 physician, physician assistant or advanced practice registered nurse or  
41 from the director of health in such child's present or previous town of  
42 residence, stating that the child has had a confirmed case of such  
43 disease; or [(5)] (4) in the case of [hemophilus] haemophilus influenzae  
44 type B has passed [his] such child's fifth birthday; or [(6)] (5) in the case  
45 of pertussis, has passed [his] such child's sixth birthday, shall be exempt  
46 from the appropriate provisions of this section. [If the parents or  
47 guardians of any child are unable to pay for such immunizations, the  
48 expense of such immunizations shall, on the recommendations of such  
49 board of education, be paid by the town. Before being permitted to enter  
50 seventh grade, the parents or guardian of any child who is exempt on

51 religious grounds from the immunization requirements of this section,  
52 pursuant to subdivision (3) of this subsection, shall present to such  
53 school a statement that such immunization requirements are contrary to  
54 the religious beliefs of such child or the parents or guardian of such  
55 child, which statement shall be acknowledged, in accordance with the  
56 provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of  
57 record or a family support magistrate, (B) a clerk or deputy clerk of a  
58 court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of  
59 the peace, (F) an attorney admitted to the bar of this state, or (G)  
60 notwithstanding any provision of chapter 6, a school nurse.] The  
61 statement described in subparagraph (B) of subdivision (1) of this  
62 subsection shall be acknowledged, in accordance with the provisions of  
63 sections 1-32, 1-34 and 1-35, by a judge of a court of record or a family  
64 support magistrate, a clerk or deputy clerk of a court having a seal, a  
65 town clerk, a notary public, a justice of the peace, an attorney admitted  
66 to the bar of this state, or notwithstanding any provision of chapter 6, a  
67 school nurse.

68 (b) The immunization requirements provided for in subsection (a) of  
69 this section shall not apply to any child who is enrolled in seventh grade  
70 through twelfth grade on or before the effective date of this section if  
71 such child presented a statement, prior to the effective date of this  
72 section, from the parents or guardian of such child that such  
73 immunization is contrary to the religious beliefs of such child or the  
74 parents or guardian of such child, and such statement was  
75 acknowledged, in accordance with the provisions of sections 1-32, 1-34  
76 and 1-35, by (1) a judge of a court of record or a family support  
77 magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town  
78 clerk, (4) a notary public, (5) a justice of the peace, (6) an attorney  
79 admitted to the bar of this state, or (7) notwithstanding any provision of  
80 chapter 6, a school nurse.

81 (c) Any child who is enrolled in sixth grade or below prior to the  
82 effective date of this section who presented a statement, prior to the  
83 effective date of this section, from the parents or guardian of such child  
84 that the immunization is contrary to the religious beliefs of such child

85 or the parents or guardian of such child, which statement was  
86 acknowledged, in accordance with the provisions of sections 1-32, 1-34  
87 and 1-35, by (1) a judge of a court of record or a family support  
88 magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town  
89 clerk, (4) a notary public, (5) a justice of the peace, (6) an attorney  
90 admitted to the bar of this state, or (7) notwithstanding any provision of  
91 chapter 6, a school nurse, but did not present a written declaration from  
92 a physician, a physician assistant or an advanced practice registered  
93 nurse stating that additional immunizations are in process as  
94 recommended by such physician, physician assistant or advanced  
95 practice registered nurse, rather than as recommended under guidelines  
96 and schedules specified by the Commissioner of Public Health, shall  
97 comply with the immunization requirements provided for in  
98 subparagraph (A) of subdivision (1) of subsection (a) of this section on  
99 or before September 1, 2022, or not later than fourteen days after  
100 transferring to a program operated by a public or nonpublic school  
101 under the jurisdiction of a local or regional board of education or similar  
102 body governing a nonpublic school or schools, whichever is later.

103 (d) If the parents or guardian of any child are unable to pay for any  
104 immunization required by subsection (a) of this section, the expense of  
105 such immunization shall, on the recommendation of such child's local  
106 or regional board of education, or similar body governing a nonpublic  
107 school or schools, be paid by the town.

108 [(b)] (e) The definitions of adequate immunization shall reflect the  
109 schedule for active immunization adopted pursuant to section 19a-7f  
110 and be established by regulation adopted in accordance with the  
111 provisions of chapter 54 by the Commissioner of Public Health, who  
112 shall also be responsible for providing procedures under which [said]  
113 such boards and [said] such similar governing bodies shall collect and  
114 report immunization data on each child to the Department of Public  
115 Health for (1) compilation and analysis by [said] the department, and  
116 (2) release by the department of annual immunization rates for each  
117 public and nonpublic school in the state, provided such immunization  
118 data may not contain information that identifies a specific individual.

119     [(c)] (f) The Commissioner of Public Health may issue a temporary  
120     waiver to the schedule for active immunization for any vaccine if the  
121     National Centers for Disease Control and Prevention recognizes a  
122     nation-wide shortage of supply for such vaccine.

123     Sec. 2. Section 19a-25 of the general statutes is repealed and the  
124     following is substituted in lieu thereof (*Effective from passage*):

125     (a) All information, records of interviews, written reports, statements,  
126     notes, memoranda or other data, including personal data as defined in  
127     subdivision (9) of section 4-190, procured by: [the] (1) The Department  
128     of Public Health, by staff committees of facilities accredited by the  
129     Department of Public Health or the maternity mortality review  
130     committee, established pursuant to section 19a-59i, in connection with  
131     studies of morbidity and mortality conducted by the Department of  
132     Public Health, such staff committees or the maternal mortality review  
133     committee, or carried on by said department, such staff committees or  
134     the maternal mortality review committee jointly with other persons,  
135     agencies or organizations, [or procured by] (2) the directors of health of  
136     towns, cities or boroughs or the Department of Public Health pursuant  
137     to section 19a-215, or [procured by] (3) such other persons, agencies or  
138     organizations, for the purpose of reducing the morbidity or mortality  
139     from any cause or condition, shall be confidential and shall be used  
140     solely for the purposes of medical or scientific research and, for  
141     information obtained pursuant to section 19a-215, disease prevention  
142     and control by the local director of health and the Department of Public  
143     Health. Such information, records, reports, statements, notes,  
144     memoranda or other data shall not be admissible as evidence in any  
145     action of any kind in any court or before any other tribunal, board,  
146     agency or person, nor shall it be exhibited or its contents disclosed in  
147     any way, in whole or in part, by any officer or representative of the  
148     Department of Public Health or of any such facility, by any person  
149     participating in such a research project or by any other person, except  
150     as may be necessary for the purpose of furthering the research project to  
151     which it relates.



152       (b) Notwithstanding the provisions of chapter 55, the Department of  
153 Public Health may exchange personal data for the purpose of medical  
154 or scientific research, with any other governmental agency or private  
155 research organization; provided such state, governmental agency or  
156 private research organization shall not further disclose such personal  
157 data. The Commissioner of Public Health shall adopt regulations, in  
158 accordance with the provisions of chapter 54, consistent with the  
159 purposes of this section to establish the procedures to ensure the  
160 confidentiality of such disclosures. The furnishing of such information  
161 to the Department of Public Health or its authorized representative, or  
162 to any other agency cooperating in such a research project, shall not  
163 subject any person, hospital, [sanitarium] behavioral health facility, rest  
164 home, nursing home or other person or agency furnishing such  
165 information to any action for damages or other relief because of such  
166 disclosure. [This section shall not be deemed to affect disclosure.]

167       (c) The provisions of this section shall not affect: (1) Disclosure of  
168 regular hospital and medical records made in the course of the regular  
169 notation of the care and treatment of any patient, but only records or  
170 notations by [such] the staff committees described in subsection (a) of  
171 this section pursuant to their work, or (2) release by the Department of  
172 Public Health of annual immunization rates for each public and  
173 nonpublic school in the state pursuant to section 10-204a, as amended  
174 by this act.

175       Sec. 3. Section 10a-155 of the general statutes is repealed and the  
176 following is substituted in lieu thereof (*Effective from passage*):

177       (a) Each institution of higher education shall require each full-time or  
178 matriculating student born after December 31, 1956, to provide proof of  
179 adequate immunization against measles, rubella, [and on and after  
180 August 1, 2010, to provide proof of adequate immunization against]  
181 mumps and varicella as recommended by the national Advisory  
182 Committee for Immunization Practices before permitting such student  
183 to enroll in such institution. [Any such]

184       (b) Notwithstanding the provisions of subsection (a) of this section,

185 any student who (1) presents a certificate, in a form prescribed by the  
186 Commissioner of Public Health pursuant to section 7 of this act, from a  
187 physician, a physician assistant or an advanced practice registered nurse  
188 stating that in the opinion of such physician, physician assistant or  
189 advanced practice registered nurse such immunization is medically  
190 contraindicated, (2) [provides] prior to the effective date of this section,  
191 provided a statement that such immunization [would be] is contrary to  
192 his or her religious beliefs, (3) presents a certificate from a physician, a  
193 physician assistant, an advanced practice registered nurse or the  
194 director of health in the student's present or previous town of residence,  
195 stating that the student has had a confirmed case of such disease, (4) is  
196 enrolled exclusively in a program for which students do not congregate  
197 on campus for classes or to participate in institutional-sponsored events,  
198 such as students enrolled in distance learning programs for  
199 individualized home study or programs conducted entirely through  
200 electronic media in a setting without other students present, or (5)  
201 graduated from a public or nonpublic high school in this state in 1999 or  
202 later and was not exempt from the measles, rubella and [on and after  
203 August 1, 2010, the] mumps vaccination requirement pursuant to  
204 subdivision (2) [or (3)] of subsection (a) of section 10-204a, as amended  
205 by this act, shall be exempt from the appropriate provisions of this  
206 section.

207 [(b)] (c) Each institution of higher education shall keep uniform  
208 records of the immunizations and immunization status of each student,  
209 based on the certificate of immunization or other evidence acceptable  
210 pursuant to subsection [(a)] (b) of this section. The record shall be part  
211 of the student's permanent record. By November first of each year, the  
212 chief administrative officer of each institution of higher education shall  
213 cause to be submitted to the Commissioner of Public Health, on a form  
214 provided by the commissioner, a summary report of the immunization  
215 status of all students enrolling in such institution.

216 Sec. 4. Subsection (a) of section 10a-155b of the general statutes is  
217 repealed and the following is substituted in lieu thereof (*Effective from*  
218 *passage*):

219 (a) For students who first enroll in the 2014-2015 school year, and first  
220 enroll in each school year thereafter, each public or private college or  
221 university in this state shall require that each student who resides in on-  
222 campus housing be vaccinated against meningitis and submit evidence  
223 of having received a meningococcal conjugate vaccine not more than  
224 five years before enrollment as a condition of such residence. The  
225 provisions of this subsection shall not apply to any such student who (1)  
226 presents a certificate, in a form prescribed by the Commissioner of  
227 Public Health pursuant to section 7 of this act, from a physician, an  
228 advanced practice registered nurse or a physician assistant stating that,  
229 in the opinion of such physician, advanced practice registered nurse or  
230 physician assistant, such vaccination is medically contraindicated  
231 because of the physical condition of such student, or (2) [presents] prior  
232 to the effective date of this section, presented a statement that such  
233 vaccination [would be] is contrary to the religious beliefs of such  
234 student.

235 Sec. 5. Section 19a-79 of the general statutes is repealed and the  
236 following is substituted in lieu thereof (*Effective from passage*):

237 (a) The Commissioner of Early Childhood shall adopt regulations, in  
238 accordance with the provisions of chapter 54, to carry out the purposes  
239 of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive,  
240 and to assure that child care centers and group child care homes meet  
241 the health, educational and social needs of children utilizing such child  
242 care centers and group child care homes. Such regulations shall (1)  
243 specify that before being permitted to attend any child care center or  
244 group child care home, each child shall be protected as age-appropriate  
245 by adequate immunization against diphtheria, pertussis, tetanus,  
246 poliomyelitis, measles, mumps, rubella, [hemophilus] haemophilus  
247 influenzae type B and any other vaccine required by the schedule of  
248 active immunization adopted pursuant to section 19a-7f, [including  
249 appropriate exemptions for children for whom such immunization is  
250 medically contraindicated and for children whose parent or guardian  
251 objects to such immunization on religious grounds, and that any  
252 objection by a parent or a guardian to immunization of a child on

253 religious grounds shall be accompanied by a statement from such parent  
254 or guardian that such immunization would be contrary to the religious  
255 beliefs of such child or the parent or guardian of such child, which  
256 statement shall be acknowledged, in accordance with the provisions of  
257 sections 1-32, 1-34 and 1-35, by (A) a judge of a court of record or a family  
258 support magistrate, (B) a clerk or deputy clerk of a court having a seal,  
259 (C) a town clerk, (D) a notary public, (E) a justice of the peace, or (F) an  
260 attorney admitted to the bar of this state,] (2) specify conditions under  
261 which child care center directors and teachers and group child care  
262 home providers may administer tests to monitor glucose levels in a child  
263 with diagnosed diabetes mellitus, and administer medicinal  
264 preparations, including controlled drugs specified in the regulations by  
265 the commissioner, to a child receiving child care services at such child  
266 care center or group child care home pursuant to the written order of a  
267 physician licensed to practice medicine or a dentist licensed to practice  
268 dental medicine in this or another state, or an advanced practice  
269 registered nurse licensed to prescribe in accordance with section 20-94a,  
270 or a physician assistant licensed to prescribe in accordance with section  
271 20-12d, and the written authorization of a parent or guardian of such  
272 child, (3) specify that an operator of a child care center or group child  
273 care home, licensed before January 1, 1986, or an operator who receives  
274 a license after January 1, 1986, for a facility licensed prior to January 1,  
275 1986, shall provide a minimum of thirty square feet per child of total  
276 indoor usable space, free of furniture except that needed for the  
277 children's purposes, exclusive of toilet rooms, bathrooms, coatrooms,  
278 kitchens, halls, isolation room or other rooms used for purposes other  
279 than the activities of the children, (4) specify that a child care center or  
280 group child care home licensed after January 1, 1986, shall provide  
281 thirty-five square feet per child of total indoor usable space, (5) establish  
282 appropriate child care center staffing requirements for employees  
283 certified in cardiopulmonary resuscitation by the American Red Cross,  
284 the American Heart Association, the National Safety Council, American  
285 Safety and Health Institute, Medic First Aid International, Inc. or an  
286 organization using guidelines for cardiopulmonary resuscitation and  
287 emergency cardiovascular care published by the American Heart

288 Association and International Liaison Committee on Resuscitation, (6)  
289 specify that [on and after January 1, 2003,] a child care center or group  
290 child care home (A) shall not deny services to a child on the basis of a  
291 child's known or suspected allergy or because a child has a prescription  
292 for an automatic prefilled cartridge injector or similar automatic  
293 injectable equipment used to treat an allergic reaction, or for injectable  
294 equipment used to administer glucagon, (B) shall, not later than three  
295 weeks after such child's enrollment in such a center or home, have staff  
296 trained in the use of such equipment on-site during all hours when such  
297 a child is on-site, (C) shall require such child's parent or guardian to  
298 provide the injector or injectable equipment and a copy of the  
299 prescription for such medication and injector or injectable equipment  
300 upon enrollment of such child, and (D) shall require a parent or  
301 guardian enrolling such a child to replace such medication and  
302 equipment prior to its expiration date, (7) specify that [on and after  
303 January 1, 2005,] a child care center or group child care home (A) shall  
304 not deny services to a child on the basis of a child's diagnosis of asthma  
305 or because a child has a prescription for an inhalant medication to treat  
306 asthma, and (B) shall, not later than three weeks after such child's  
307 enrollment in such a center or home, have staff trained in the  
308 administration of such medication on-site during all hours when such a  
309 child is on-site, and (8) establish physical plant requirements for  
310 licensed child care centers and licensed group child care homes that  
311 exclusively serve school-age children. When establishing such  
312 requirements, the Office of Early Childhood shall give consideration to  
313 child care centers and group child care homes that are located in private  
314 or public school buildings. With respect to this subdivision only, the  
315 commissioner shall implement policies and procedures necessary to  
316 implement the physical plant requirements established pursuant to this  
317 subdivision while in the process of adopting such policies and  
318 procedures in regulation form. Until replaced by policies and  
319 procedures implemented pursuant to this subdivision, any physical  
320 plant requirement specified in the office's regulations that is generally  
321 applicable to child care centers and group child care homes shall  
322 continue to be applicable to such centers and homes that exclusively

323 serve school-age children. The commissioner shall [print] post notice of  
324 the intent to adopt regulations pursuant to this subdivision on the  
325 eRegulations System not later than twenty days after the date of  
326 implementation of such policies and procedures. Policies and  
327 procedures implemented pursuant to this subdivision shall be valid  
328 until the time final regulations are adopted.

329     (b) Any child who (1) presents a certificate, in a form prescribed by  
330 the Commissioner of Public Health pursuant to section 7 of this act,  
331 signed by a physician, a physician assistant or an advanced practice  
332 registered nurse stating that, in the opinion of such physician, physician  
333 assistant or advanced practice registered nurse, the immunizations  
334 required pursuant to regulations adopted pursuant to subdivision (1) of  
335 subsection (a) of this section are medically contraindicated, (2) in the  
336 case of a child who is enrolled in seventh grade through twelfth grade,  
337 presented a statement, prior to the effective date of this section, that such  
338 immunizations are contrary to the religious beliefs of such child or the  
339 parents or guardian of such child, or (3) in the case of a child who is  
340 enrolled in sixth grade or below, (A) presented a statement, prior to the  
341 effective date of this section, that such immunizations are contrary to  
342 the religious beliefs of such child or the parents or guardian of such  
343 child, and (B) presents a written declaration, in a form prescribed by the  
344 Commissioner of Public Health, from a physician, a physician assistant  
345 or an advanced practice registered nurse stating that an immunization  
346 against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps,  
347 rubella, haemophilus influenzae type B and any other vaccine required  
348 by the schedule of active immunization adopted pursuant to section  
349 19a-7f has been given to such child and that any additional necessary  
350 immunizations of such student against diphtheria, pertussis, tetanus,  
351 poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B  
352 and any other vaccine required by such schedule of active immunization  
353 are in process under guidelines specified by the Commissioner of Public  
354 Health or as recommended for the child by the physician, physician  
355 assistant or advanced practice registered nurse, shall be exempt from  
356 the immunization requirements set forth in such regulations. The  
357 statement described in subparagraph (A) of subdivision (3) of this

358 subsection shall be acknowledged, in accordance with the provisions of  
359 sections 1-32, 1-34 and 1-35, by a judge of a court of record or a family  
360 support magistrate, a clerk or deputy clerk of a court having a seal, a  
361 town clerk, a notary public, a justice of the peace, or an attorney  
362 admitted to the bar of this state.

363 (c) Any child who is enrolled in sixth grade or below on or before the  
364 effective date of this section who presented, prior to the effective date of  
365 this section, the statement described in subparagraph (A) of subdivision  
366 (3) of subsection (b) of this section, but did not present the written  
367 declaration described in subparagraph (B) of subdivision (3) of  
368 subsection (b) of this section, shall comply, on or before September 1,  
369 2022, or not later than fourteen days after applying to enroll in the child  
370 care center or group child care home, whichever is later, with the  
371 immunization requirements set forth in the regulations adopted  
372 pursuant to subdivision (1) of subsection (a) of this section.

373 [(b)] (d) The commissioner may adopt regulations, pursuant to  
374 chapter 54, to establish civil penalties of not more than one hundred  
375 dollars per day for each day of violation and other disciplinary remedies  
376 that may be imposed, following a contested-case hearing, upon the  
377 holder of a license issued under section 19a-80 to operate a child care  
378 center or group child care home or upon the holder of a license issued  
379 under section 19a-87b, as amended by this act, to operate a family child  
380 care home.

381 [(c)] (e) The commissioner shall exempt Montessori schools  
382 accredited by the American Montessori Society or the Association  
383 Montessori Internationale from any provision in regulations adopted  
384 pursuant to subsection (a) of this section which sets requirements on  
385 group size or child to staff ratios or the provision of cots.

386 [(d)] (f) Upon the declaration by the Governor of a civil preparedness  
387 emergency pursuant to section 28-9 or a public health emergency  
388 pursuant to section 19a-131a, the commissioner may waive the  
389 provisions of any regulation adopted pursuant to this section if the  
390 commissioner determines that such waiver would not endanger the life,

391 safety or health of any child. The commissioner shall prescribe the  
392 duration of such waiver, provided such waiver shall not extend beyond  
393 the duration of the declared emergency. The commissioner shall  
394 establish the criteria by which a waiver request shall be made and the  
395 conditions for which a waiver will be granted or denied. The provisions  
396 of section 19a-84 shall not apply to a denial of a waiver request under  
397 this subsection.

398     [(e)] (g) Any child care center or group child care home may provide  
399 child care services to homeless children and youths, as defined in 42  
400 USC 11434a, as amended from time to time, for a period not to exceed  
401 ninety days without complying with any provision in regulations  
402 adopted pursuant to this section relating to immunization and physical  
403 examination requirements. Any child care center or group child care  
404 home that provides child care services to homeless children and youths  
405 at such center or home under this subsection shall maintain a record on  
406 file of all homeless children and youths who have attended such center  
407 or home for a period of two years after such homeless children or youths  
408 are no longer receiving child care services at such center or home.

409     [(f)] (h) Any child care center or group child care home may provide  
410 child care services to a foster child for a period not to exceed forty-five  
411 days without complying with any provision in regulations adopted  
412 pursuant to this section relating to immunization and physical  
413 examination requirements. Any child care center or group child care  
414 home that provides child care services to a foster child at such center or  
415 home under this subsection shall maintain a record on file of such foster  
416 child for a period of two years after such foster child is no longer  
417 receiving child care services at such center or home. For purposes of this  
418 subsection, "foster child" means a child who is in the care and custody  
419 of the Commissioner of Children and Families and placed in a foster  
420 home licensed pursuant to section 17a-114, foster home approved by a  
421 child-placing agency licensed pursuant to section 17a-149, facility  
422 licensed pursuant to section 17a-145 or with a relative or fictive kin  
423 caregiver pursuant to section 17a-114.



424 Sec. 6. Section 19a-87b of the general statutes is repealed and the  
425 following is substituted in lieu thereof (*Effective from passage*):

426 (a) No person, group of persons, association, organization,  
427 corporation, institution or agency, public or private, shall maintain a  
428 family child care home, as defined in section 19a-77, without a license  
429 issued by the Commissioner of Early Childhood. Licensure forms shall  
430 be obtained from the Office of Early Childhood. Applications for  
431 licensure shall be made to the commissioner on forms provided by the  
432 office and shall contain the information required by regulations adopted  
433 under this section. The licensure and application forms shall contain a  
434 notice that false statements made therein are punishable in accordance  
435 with section 53a-157b. Applicants shall state, in writing, that they are in  
436 compliance with the regulations adopted by the commissioner pursuant  
437 to subsection (f) of this section. Before a family child care home license  
438 is granted, the office shall make an inquiry and investigation which shall  
439 include a visit and inspection of the premises for which the license is  
440 requested. Any inspection conducted by the office shall include an  
441 inspection for evident sources of lead poisoning. The office shall provide  
442 for a chemical analysis of any paint chips found on such premises.  
443 Neither the commissioner nor the commissioner's designee shall require  
444 an annual inspection for homes seeking license renewal or for licensed  
445 homes, except that the commissioner or the commissioner's designee  
446 shall make an unannounced visit, inspection or investigation of each  
447 licensed family child care home at least once every year. A licensed  
448 family child care home shall not be subject to any conditions on the  
449 operation of such home by local officials, other than those imposed by  
450 the office pursuant to this subsection, if the home complies with all local  
451 codes and ordinances applicable to single and multifamily dwellings.

452 (b) No person shall act as an assistant or substitute staff member to a  
453 person or entity maintaining a family child care home, as defined in  
454 section 19a-77, without an approval issued by the commissioner. Any  
455 person seeking to act as an assistant or substitute staff member in a  
456 family child care home shall submit an application for such approval to  
457 the office. Applications for approval shall: (1) Be made to the

458 commissioner on forms provided by the office, (2) contain the  
459 information required by regulations adopted under this section, and (3)  
460 be accompanied by a fee of fifteen dollars. The approval application  
461 forms shall contain a notice that false statements made in such form are  
462 punishable in accordance with section 53a-157b.

463 (c) The commissioner, within available appropriations, shall require  
464 each initial applicant or prospective employee of a family child care  
465 home in a position requiring the provision of care to a child, including  
466 an assistant or substitute staff member and each household member  
467 who is sixteen years of age or older, to submit to comprehensive  
468 background checks, including state and national criminal history  
469 records checks. The criminal history records checks required pursuant  
470 to this subsection shall be conducted in accordance with section 29-17a.  
471 The commissioner shall also request a check of the state child abuse  
472 registry established pursuant to section 17a-101k. The commissioner  
473 shall notify each licensee of the provisions of this subsection. For  
474 purposes of this subsection, "household member" means any person,  
475 other than the person who is licensed to conduct, operate or maintain a  
476 family child care home, who resides in the family child care home, such  
477 as the licensee's spouse or children, tenants and any other occupant.

478 (d) An application for initial licensure pursuant to this section shall  
479 be accompanied by a fee of forty dollars and such license shall be issued  
480 for a term of four years. An application for renewal of a license issued  
481 pursuant to this section shall be accompanied by a fee of forty dollars  
482 and a certification from the licensee that any child enrolled in the family  
483 child care home has received age-appropriate immunizations in  
484 accordance with regulations adopted pursuant to subsection (f) of this  
485 section. A license issued pursuant to this section shall be renewed for a  
486 term of four years. In the case of an applicant submitting an application  
487 for renewal of a license that has expired, and who has ceased operations  
488 of a family child care home due to such expired license, the  
489 commissioner may renew such expired license within thirty days of the  
490 date of such expiration upon receipt of an application for renewal that  
491 is accompanied by such fee and such certification.

492 (e) An application for initial staff approval or renewal of staff  
493 approval shall be accompanied by a fee of fifteen dollars. Such  
494 approvals shall be issued or renewed for a term of two years.

495 (f) The commissioner shall adopt regulations, in accordance with the  
496 provisions of chapter 54, to assure that family child care homes, as  
497 defined in section 19a-77, meet the health, educational and social needs  
498 of children utilizing such homes. Such regulations shall ensure that the  
499 family child care home is treated as a residence, and not an institutional  
500 facility. Such regulations shall specify that each child be protected as  
501 age-appropriate by adequate immunization against diphtheria,  
502 pertussis, tetanus, poliomyelitis, measles, mumps, rubella,  
503 [hemophilus] haemophilus influenzae type B and any other vaccine  
504 required by the schedule of active immunization adopted pursuant to  
505 section 19a-7f. [Such regulations shall provide appropriate exemptions  
506 for children for whom such immunization is medically contraindicated  
507 and for children whose parents or guardian objects to such  
508 immunization on religious grounds and require that any such objection  
509 be accompanied by a statement from such parents or guardian that such  
510 immunization would be contrary to the religious beliefs of such child or  
511 the parents or guardian of such child, which statement shall be  
512 acknowledged, in accordance with the provisions of sections 1-32, 1-34  
513 and 1-35, by (1) a judge of a court of record or a family support  
514 magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town  
515 clerk, (4) a notary public, (5) a justice of the peace, or (6) an attorney  
516 admitted to the bar of this state.] Such regulations shall also specify  
517 conditions under which family child care home providers may  
518 administer tests to monitor glucose levels in a child with diagnosed  
519 diabetes mellitus, and administer medicinal preparations, including  
520 controlled drugs specified in the regulations by the commissioner, to a  
521 child receiving child care services at a family child care home pursuant  
522 to a written order of a physician licensed to practice medicine in this or  
523 another state, an advanced practice registered nurse licensed to  
524 prescribe in accordance with section 20-94a or a physician assistant  
525 licensed to prescribe in accordance with section 20-12d, and the written  
526 authorization of a parent or guardian of such child. Such regulations

527 shall specify appropriate standards for extended care and intermittent  
528 short-term overnight care. The commissioner shall inform each licensee,  
529 by way of a plain language summary provided not later than sixty days  
530 after the regulation's effective date, of any new or changed regulations  
531 adopted under this subsection with which a licensee must comply.

532 (g) Any child who (1) presents a certificate, in a form prescribed by  
533 the Commissioner of Public Health pursuant to section 7 of this act,  
534 signed by a physician, a physician assistant or an advanced practice  
535 registered nurse stating that, in the opinion of such physician, physician  
536 assistant or advanced practice registered nurse, the immunizations  
537 required pursuant to regulations adopted pursuant to subsection (f) of  
538 this section are medically contraindicated, (2) in the case of a child who  
539 is enrolled in seventh grade through twelfth grade, presented a  
540 statement, prior to the effective date of this section, that such  
541 immunizations are contrary to the religious beliefs of such child or the  
542 parents or guardian of such child, or (3) in the case of a child who is  
543 enrolled in sixth grade or below, (A) presented a statement, prior to the  
544 effective date of this section, that such immunizations are contrary to  
545 the religious beliefs of such child or the parents or guardian of such  
546 child, and (B) presents a written declaration, in a form prescribed by the  
547 Commissioner of Public Health, from a physician, physician assistant or  
548 advanced practice registered nurse stating that an immunization against  
549 diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella,  
550 haemophilus influenzae type B and any other vaccine required by the  
551 schedule of active immunization adopted pursuant to section 19a-7f has  
552 been given to such child and that any additional necessary  
553 immunizations of such student against diphtheria, pertussis, tetanus,  
554 poliomyelitis, measles, mumps, rubella, haemophilus influenzae type B  
555 and any other vaccine required by such schedule of active immunization  
556 are in process under guidelines specified by the Commissioner of Public  
557 Health or as recommended for the child by the physician, physician  
558 assistant or advanced practice registered nurse, shall be exempt from  
559 the immunization requirements set forth in such regulations. The  
560 statement described in subparagraph (A) of subdivision (3) of this  
561 subsection shall be acknowledged, in accordance with the provisions of

562 sections 1-32, 1-34 and 1-35, by (i) a judge of a court of record or a family  
563 support magistrate, (ii) a clerk or deputy clerk of a court having a seal,  
564 (iii) a town clerk, (iv) a notary public, (v) a justice of the peace, or (vi) an  
565 attorney admitted to the bar of this state.

566 (h) Any child who is enrolled in sixth grade or below on or before the  
567 effective date of this section who presented, prior to the effective date of  
568 this section, the statement described in subparagraph (A) of subdivision  
569 (3) of subsection (g) of this section, but did not present the written  
570 declaration described in subparagraph (B) of subdivision (3) of  
571 subsection (g) of this section shall comply, on or before September 1,  
572 2022, or not later than fourteen days after applying to enroll in the family  
573 child care home, whichever is later, with the immunization  
574 requirements set forth in the regulations adopted pursuant to subsection  
575 (f) of this section.

576 [(g)] (i) Upon the declaration by the Governor of a civil preparedness  
577 emergency pursuant to section 28-9 or a public health emergency  
578 pursuant to section 19a-131a, the commissioner may waive the  
579 provisions of any regulation adopted pursuant to this section if the  
580 commissioner determines that such waiver would not endanger the life,  
581 safety or health of any child. The commissioner shall prescribe the  
582 duration of such waiver, provided such waiver shall not extend beyond  
583 the duration of the declared emergency. The commissioner shall  
584 establish the criteria by which a waiver request shall be made and the  
585 conditions for which a waiver will be granted or denied. The provisions  
586 of section 19a-84 shall not apply to a denial of a waiver request under  
587 this subsection.

588 [(h)] (j) Any family child care home may provide child care services  
589 to homeless children and youths, as defined in 42 USC 11434a, as  
590 amended from time to time, for a period not to exceed ninety days  
591 without complying with any provision in regulations adopted pursuant  
592 to this section relating to immunization and physical examination  
593 requirements. Any family child care home that provides child care  
594 services to homeless children and youths at such home under this

595 subsection shall maintain a record on file of all homeless children and  
596 youths who have attended such home for a period of two years after  
597 such homeless children or youths are no longer receiving child care  
598 services at such home.

599       [(i)] (k) Any family child care home may provide child care services  
600 to a foster child for a period not to exceed forty-five days without  
601 complying with any provision in regulations adopted pursuant to this  
602 section relating to immunization and physical examination  
603 requirements. Any family child care home that provides child care  
604 services to a foster child at such home under this subsection shall  
605 maintain a record on file of such foster child for a period of two years  
606 after such foster child is no longer receiving child care services at such  
607 home. For purposes of this subsection, "foster child" means a child who  
608 is in the care and custody of the Commissioner of Children and Families  
609 and placed in a foster home licensed pursuant to section 17a-114, foster  
610 home approved by a child-placing agency licensed pursuant to section  
611 17a-149, facility licensed pursuant to section 17a-145 or with a relative  
612 or fictive kin caregiver pursuant to section 17a-114.

613       Sec. 7. (NEW) (*Effective from passage*) On or before October 1, 2021, the  
614 Commissioner of Public Health shall develop and make available on the  
615 Internet web site of the Department of Public Health a certificate for use  
616 by a physician, physician assistant or advanced practice registered  
617 nurse stating that, in the opinion of such physician, physician assistant  
618 or advanced practice registered nurse, a vaccination required by the  
619 general statutes is medically contraindicated for a person because of the  
620 physical condition of such person. The certificate shall include (1)  
621 definitions of the terms "contraindication" and "precaution", (2) a list of  
622 contraindications and precautions recognized by the National Centers  
623 for Disease Control and Prevention for each of the statutorily required  
624 vaccinations, from which the physician, physician assistant or advanced  
625 practice registered nurse may select the relevant contraindication or  
626 precaution on behalf of such person, (3) a section in which the physician,  
627 physician assistant or advanced practice registered nurse may record a  
628 contraindication or precaution that is not recognized by the National

629 Centers for Disease Control and Prevention, but in his or her discretion,  
630 results in the vaccination being medically contraindicated, including,  
631 but not limited to, any autoimmune disorder, family history of any  
632 autoimmune disorder, family history of any reaction to a vaccination,  
633 genetic predisposition to any reaction to a vaccination as determined  
634 through genetic testing and a previous documented reaction of a person  
635 that is correlated to a vaccination, (4) a section in which the physician,  
636 physician assistant or advanced practice registered nurse may include a  
637 written explanation for the exemption from any statutorily required  
638 vaccinations, (5) a section requiring the signature of the physician,  
639 physician assistant or advanced practice registered nurse, (6) a  
640 requirement that the physician, physician assistant or advanced practice  
641 registered nurse attach such person's most current immunization  
642 record, and (7) a synopsis of the grounds for any order of quarantine or  
643 isolation pursuant to section 19a-131b of the general statutes.

644 Sec. 8. (NEW) (*Effective from passage*) (a) There is established an  
645 Advisory Committee on Medically Contraindicated Vaccinations within  
646 the Department of Public Health for the purpose of advising the  
647 Commissioner of Public Health on issues concerning exemptions from  
648 state or federal requirements for vaccinations that result from a  
649 physician, physician assistant or advanced practice registered nurse  
650 stating that a vaccination is medically contraindicated for a person due  
651 to the medical condition of such person. Said advisory committee shall  
652 not be responsible for confirming or denying any determination by a  
653 physician, physician assistant or advanced practice registered nurse that  
654 a vaccination is medically contraindicated for a specific individual. In  
655 order to carry out its duties, the advisory committee shall (1) have access  
656 to the childhood immunization registry established by the department  
657 pursuant to section 19a-7h of the general statutes, (2) evaluate the  
658 process used by the department in collecting data concerning  
659 exemptions resulting from a vaccination being medically  
660 contraindicated and whether the department should have any oversight  
661 over such exemptions, (3) examine whether enrollment of an  
662 unvaccinated child into a program operated by a public or nonpublic  
663 school, institution of higher education, child care center or group child

664 care home should be conditioned upon the child meeting certain  
665 criteria, (4) calculate the ratio of school nurses to students in each public  
666 and nonpublic school in the state and the funding issues surrounding  
667 such ratio, (5) assess whether immunizations should be required more  
668 frequently than prior to enrollment into a program operated by a public  
669 or nonpublic school and prior to entering seventh grade, and (6)  
670 determine whether (A) there are any discrepancies in the issuance of  
671 certificates stating that a vaccine is medically contraindicated, and (B) to  
672 recommend continuing education of physicians, physician assistants or  
673 advanced practice registered nurses in vaccine contraindications and  
674 precautions. All information obtained by the advisory committee from  
675 such registry shall be confidential pursuant to section 19a-25 of the  
676 general statutes, as amended by this act.

677 (b) The advisory committee shall consist of the following members:

678 (1) Two appointed by the speaker of the House of Representatives,  
679 one of whom shall be a physician licensed pursuant to chapter 370 of the  
680 general statutes who is a pediatrician, and one of whom shall be a  
681 member of the public;

682 (2) Two appointed by the president pro tempore of the Senate, one of  
683 whom shall be a physician licensed pursuant to chapter 370 of the  
684 general statutes who has expertise in the efficacy of vaccines, and one of  
685 whom shall be a member of the public;

686 (3) One appointed by the majority leader of the House of  
687 Representatives, who shall be a school nurse;

688 (4) One appointed by the majority leader of the Senate, who shall be  
689 a physician assistant licensed pursuant to chapter 370 of the general  
690 statutes who has experience in the administration of vaccines;

691 (5) One appointed by the minority leader of the House of  
692 Representatives, who shall be an advanced practice registered nurse  
693 licensed pursuant to chapter 378 of the general statutes who has  
694 experience in the administration of vaccines;



695 (6) One appointed by the minority leader of the Senate, who shall be  
696 a representative of the Connecticut Chapter of the American Academy  
697 of Pediatrics;

698 (7) The Commissioner of Public Health, or the commissioner's  
699 designee;

700 (8) The Commissioner of Education, or the commissioner's designee;  
701 and

702 (9) The Commissioner of Early Childhood, or the commissioner's  
703 designee.

704 (c) The members of the advisory committee shall elect a chairperson  
705 of the advisory committee from among its members. Such chairperson  
706 shall schedule the first meeting of the advisory committee, which shall  
707 be held not later than October 1, 2021. The advisory committee shall  
708 meet not less than biannually. On or before January 1, 2022, and  
709 annually thereafter, the committee shall report, in accordance with the  
710 provisions of section 11-4a of the general statutes, on its activities and  
711 findings to the joint standing committee of the General Assembly  
712 having cognizance of matters relating to public health.

713 Sec. 9. (NEW) (*Effective from passage*) The Department of Public  
714 Health, in collaboration with the state Department of Education and the  
715 Office of Early Childhood, shall evaluate all of the data collected by said  
716 departments concerning exemptions from immunization requirements.  
717 Not later than January 1, 2022, and annually thereafter, the  
718 Commissioners of Public Health, Education and Early Childhood shall  
719 jointly report, in accordance with the provisions of section 11-4a of the  
720 general statutes, to the joint standing committees of the General  
721 Assembly having cognizance of matters relating to public health and  
722 education regarding the evaluation of such data.

723 Sec. 10. Subsection (a) of section 38a-492r of the general statutes is  
724 repealed and the following is substituted in lieu thereof (*Effective January*  
725 *1, 2022*):

726 (a) Each individual health insurance policy providing coverage of the  
727 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
728 delivered, issued for delivery, renewed, amended or continued in this  
729 state that provides coverage for prescription drugs shall provide  
730 [coverage for] (1) coverage for immunizations recommended by the  
731 American Academy of Pediatrics, American Academy of Family  
732 Physicians and the American College of Obstetricians and  
733 Gynecologists, and (2) with respect to immunizations that have in effect  
734 a recommendation from the Advisory Committee on Immunization  
735 Practices of the Centers for Disease Control and Prevention with respect  
736 to the individual involved, coverage for such immunizations and at least  
737 a twenty-minute consultation between such individual and a health care  
738 provider authorized to administer such immunizations to such  
739 individual.

740 Sec. 11. Subsection (a) of section 38a-518r of the general statutes is  
741 repealed and the following is substituted in lieu thereof (*Effective January*  
742 *1, 2022*):

743 (a) Each group health insurance policy providing coverage of the type  
744 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
745 delivered, issued for delivery, renewed, amended or continued in this  
746 state that provides coverage for prescription drugs shall provide  
747 [coverage for] (1) coverage for immunizations recommended by the  
748 American Academy of Pediatrics, American Academy of Family  
749 Physicians and the American College of Obstetricians and  
750 Gynecologists, and (2) with respect to immunizations that have in effect  
751 a recommendation from the Advisory Committee on Immunization  
752 Practices of the Centers for Disease Control and Prevention with respect  
753 to the individual involved, coverage for such immunizations and at least  
754 a twenty-minute consultation between such individual and a health care  
755 provider authorized to administer such immunizations to such  
756 individual.

This act shall take effect as follows and shall amend the following sections:
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Section 1	<i>from passage</i>	10-204a
Sec. 2	<i>from passage</i>	19a-25
Sec. 3	<i>from passage</i>	10a-155
Sec. 4	<i>from passage</i>	10a-155b(a)
Sec. 5	<i>from passage</i>	19a-79
Sec. 6	<i>from passage</i>	19a-87b
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>from passage</i>	New section
Sec. 9	<i>from passage</i>	New section
Sec. 10	<i>January 1, 2022</i>	38a-492r(a)
Sec. 11	<i>January 1, 2022</i>	38a-518r(a)

**Statement of Legislative Commissioners:**

In Sections 1(b), 1(c), 1(d), 5(b), and 6(g), references to "guardians" were changed to "guardian" for consistency, in Section 3 (b), "subdivision (2) or (3)" was changed to "subdivision (2) [or (3)]" for accuracy and in Sections 10 and 11, "prescribe" was changed to "administer" for clarity.

**PH**            *Joint Favorable Subst.*

*The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*

## **OFA Fiscal Note**

### **State Impact:**

Agency Affected	Fund-Effect	FY 22 \$	FY 23 \$
Board of Regents for Higher Education	GF - Revenue Loss	Less than 1.4 million	Less than 1.4 million
Public Health, Dept.	IF - Cost	Less than \$91,000	Less than \$91,000

Note: GF=General Fund; IF=Insurance Fund

### **Municipal Impact:** None

### **Explanation**

This bill eliminates the religious exemption from immunization requirements for individuals attending public and private schools, child care centers, and group and family day care homes. This is anticipated to result in a cost to the Department of Public Health (DPH) of less than \$91,000 annually to purchase vaccines for privately insured children who would not have been vaccinated in the absence of the passage of the bill.<sup>1</sup>

The bill grandfathers in individuals enrolled in 7th grade or higher who submitted a religious exemption prior to the bill's passage. Under the bill, individuals with prior religious exemptions who are enrolled in 6th grade or below generally must comply with immunization requirements.

The maximum annual DPH cost projection assumes, based on

<sup>1</sup> Funding to vaccinate children that are Medicaid-eligible, uninsured, underinsured, and/or American Indian or Alaska Native is provided by the Federal Vaccines for Children program.

national 2018 Census data, that 67% of school enterers with religious exemptions have private insurance. There were 1,536 RE in Connecticut for the 2020 school year. At least 1,075 students with religious exemptions are enrolled in grades K – 6. Assuming the same number of religious exemptions in each of FY 22 and FY 23, the maximum number of privately insured individuals that could be vaccinated due to the bill is approximately 720. Currently, the cost to fully vaccinate an insured Connecticut child 0-18 years of age with all recommended vaccines is approximately \$2,400 per child (an average of \$126 annually). The cost to DPH will vary based on several factors, including: (1) the number of privately insured individuals that would have procured a religious exemption that chooses to receive DPH-recommended vaccinations, rather than leave the state or become homeschooled, (2) the number of these individuals that are already vaccinated to some extent and for which preventable childhood diseases, (3) the utilization rate of combination vaccines, (4) the types of combination vaccines used, (5) the timing of vaccine administration, and (6) the price of vaccines.<sup>2</sup>

The bill is also anticipated to result in a potential revenue loss to the Board of Regents due to possible reduced enrollment, should prospective students who previously would have utilized a religious exemption continue to choose not to vaccinate themselves and, therefore, are unable to enroll.

The revenue loss to the Board of Regents for Higher Education is potential because it is possible that most, or all, of such prospective new students, will choose to receive vaccinations to enroll. The potential revenue loss may reach \$1.4 million annually, beginning in FY 22, if few such prospective students choose to comply with the vaccination requirements. However, if many comply, the potential revenue loss will be minimal.

Of the potential Board of Regents revenue loss, up to \$900,000 is

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<sup>2</sup> DPH purchases vaccines through the Centers for Disease Control and Prevention contract that is negotiated between the vaccine manufacturers and the federal government each year.

associated with the possible total impact to the 12 community colleges, while up to \$435,000 is associated with potential total impact to the four Connecticut State Universities. The Connecticut State Universities may experience reduced tuition and fees revenue (up to approximately \$260,000) as well as auxiliary revenue for room and board (up to an estimated \$175,000). These estimates are based on: (1) recent data on the number of new students enrolled who have a religious exemption from vaccination requirements, (2) FY 22 tuition and fees rates, and (3) the anticipated FY 22 percent of first-year Connecticut State Universities students who plan to live on-campus and therefore will pay the FY 22 average room and board rate of \$13,548.

***The Out Years***

The annualized ongoing cost to DPH identified above would continue into the future subject to: (1) the number of privately insured individuals that would have procured a religious exemption that choose to receive DPH-recommended vaccinations, rather than leave the state or become homeschooled, (2) the number of these individuals that are already vaccinated to some extent and for which preventable childhood diseases, (3) the utilization rate of combination vaccines, (4) the types of combination vaccines used, (5) the timing of vaccine administration, and (6) the price of vaccines. The potential revenue loss to the community colleges and the Connecticut State Universities will continue into the out years, dependent on the number of prospective students who choose not to vaccinate themselves that would have previously obtained a religious exemption, and any changes in the tuition, fees, room, and board rates.

***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

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**OLR Bill Analysis****sHB 6423*****AN ACT CONCERNING IMMUNIZATIONS.*****SUMMARY**

This bill eliminates the religious exemption from immunization requirements for individuals attending (1) public and private schools, including higher education institutions, and (2) child care centers and group and family day care homes. Under current law, individuals may opt out of vaccination if they present a statement that immunization would be contrary to their religious beliefs or, for minors, those of their parent or guardian (see BACKGROUND).

The bill grandfathers in individuals enrolled in 7th grade or higher who submitted a religious exemption prior to the bill's passage. Under the bill, individuals with prior religious exemptions who are enrolled in 6th grade or below generally must comply with immunization requirements by September 1, 2022, or within 14 days after transferring to a different school or applying to enroll at a different child care facility, whichever is later.

However, the bill allows these children to extend the timeframe within which they must comply with the immunization requirements if they present a written declaration from the child's physician, physician assistant (PA), or advanced practice registered nurse (APRN) that an alternative immunization schedule is recommended. This declaration must be acknowledged by a judge, family support magistrate, court clerk or deputy clerk, town clerk, notary public, justice of the peace, Connecticut attorney, or school nurse.

The bill also retains current law's medical exemption from these immunization requirements for individuals who can document that the immunization is medically contraindicated.

Additionally, the bill:

1. requires the Department of Public Health (DPH), by October 1, 2021, to develop and post on its website a medical exemption certificate for use by physicians, PAs, and APRNs (§ 7);
2. requires DPH to release annual immunization rates for each public and private K-12 school in the state, provided the data does not include individually-identifiable information (§§ 1 & 2);
3. establishes an 11-member DPH Advisory Committee on Medically Contraindicated Vaccinations to advise the commissioner on issues concerning medical exemptions from state or federal immunization requirements (§ 8);
4. requires the advisory committee to meet at least biannually and annually report on its activities and findings to the Public Health Committee, starting by January 1, 2022 (§ 8);
5. requires DPH, in collaboration with the Department of Education and the Office of Early Childhood, to evaluate data they collect on exemptions from immunization requirements, and these agencies to jointly report to the Public Health and Education committees on the evaluation annually, starting by January 1, 2022 (§ 9); and
6. requires certain health insurance policies that cover prescription drugs to cover at least a 20-minute immunization consultation between a patient and provider for vaccines recommended by the federal Centers for Disease Control and Prevention (CDC) (§§ 10 & 11).

Lastly, the bill makes minor, technical, and conforming changes.

EFFECTIVE DATE: Upon passage, except for the insurance coverage provisions, which are effective January 1, 2022.

## **§ 7 — MEDICAL EXEMPTION CERTIFICATES**



The bill requires the DPH commissioner, by October 1, 2021, to develop and post on the department's website, a certificate for use by physicians, PAs, and APRNs ("providers") that states that the provider believes that a required vaccination is medically contraindicated for an individual based on his or her physical condition.

The medical exemption certificate must include:

1. definitions of "contraindication" and "precaution";
2. a list of contraindications and precautions recognized by the CDC for each statutorily-required immunization from which the provider may select on behalf of an individual;
3. a section where the provider may record a contraindication or precaution not recognized by the CDC, but that in the provider's discretion, results in the vaccination being medically contraindicated, including (a) an autoimmune disorder or family history of one, (b) family history of a reaction to a vaccine, (c) genetic predisposition to a vaccine reaction determined by genetic testing, and (d) a previous documented reaction correlated to a vaccine;
4. a section where the provider may include a written explanation for the medical exemption;
5. a section requiring the provider's signature;
6. a requirement that the provider attach the individual's most current immunization record; and
7. a synopsis of the grounds for any order of quarantine or isolation related to the exemption.

## **§ 8 — DPH ADVISORY COMMITTEE**

### ***Duties***

The bill establishes an 11-member Advisory Committee on Medically

Contraindicated Vaccinations within DPH to advise the commissioner on issues concerning medical exemptions from state or federal immunization requirements. The committee is not responsible for confirming or denying any provider determination that a vaccine is medically contraindicated for an individual.

Under the bill, the advisory committee must:

8. have access to the department's childhood immunization registry;
9. evaluate the process DPH uses to collect medical exemption data and whether the department should have oversight of those exemptions;
10. examine whether enrolling an unvaccinated student in a school, higher education institution, or child care facility should be conditioned upon the individual meeting certain criteria;
11. calculate the ratio of school nurses to students in each public and private school in the state and any associated funding issues;
12. assess whether school immunizations should be required more frequently than prior to enrolling in public or private school and prior to entering 7<sup>th</sup> grade; and
13. determine whether (a) there are any discrepancies in issuing medical exemptions and (b) to recommend continuing education for providers in immunization contraindications and precautions.

The bill specifies that information the advisory committee obtains from the childhood immunization registry is confidential. By law, medical information, records, and other data obtained by DPH generally (1) are confidential and not subject to disclosure, (2) are not admissible as evidence in any court or agency proceeding, and (3) must be used solely for medical or scientific research or disease control and prevention purposes.

**Membership**

Under the bill, the advisory committee members include:

14. one pediatrician and one member of the public, each appointed by the House speaker;
15. one physician with expertise in vaccine efficacy and one member of the public, each appointed by the Senate president pro tempore;
16. one school nurse, appointed by the House majority leader;
17. one PA with experience in administering vaccines, appointed by the Senate majority leader;
18. one APRN with experience in administering vaccines, appointed by the House minority leader;
19. one representative of the Connecticut Chapter of the American Academy of Pediatrics, appointed by the Senate minority leader; and
20. the education, early childhood, and public health commissioners, or their designees.

**Meetings and Reports**

The bill requires the advisory committee to elect a chairperson from among its members. The chairperson must schedule the first meeting, which must be held by October 1, 2021, and the committee must meet at least biannually thereafter. The committee must also report on its activities and findings to the Public Health Committee annually, starting by January 1, 2022.

**§§ 10 & 11 — INSURANCE COVERAGE FOR IMMUNIZATION CONSULTATIONS**

The bill requires certain health insurance policies that cover prescription drugs to cover at least a 20-minute immunization consultation between a patient and a provider authorized to administer

them (e.g., a physician or advanced practice registered nurse). Coverage is only for consultations on immunizations recommended for the patient by the CDC's Advisory Committee on Immunization Practices (ACIP) (see BACKGROUND).

The bill applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

## **BACKGROUND**

### ***Religious Exemption from Immunization Requirements***

Under current law, the religious exemption statement must be officially acknowledged by one of specified individuals (e.g., notary public, town clerk, or school nurse). The parents or guardian must submit the religious exemption statement (1) before the student enrolls in public or private school and (2) before the student enrolls in seventh grade.

The same requirements for school children apply to children at child care settings, including day care centers and family and group day care homes.

Higher education students must submit the statement prior to enrollment. The form for these students does not need to be officially acknowledged.

### ***Childhood Immunization Requirements***

For school children, Connecticut law requires immunization against the following diseases (the specific immunization schedule varies by disease):

21. measles, mumps, and rubella;

- 22. polio;
- 23. diphtheria, tetanus, pertussis;
- 24. haemophilus influenza B (only if under age 5);
- 25. hepatitis A and B;
- 26. varicella (chicken pox);
- 27. influenza (only for preschool);
- 28. pneumonia (only if under age 5); and
- 29. meningitis (7<sup>th</sup> grade) (CGS § 10-204a and Conn. Agencies Regs. §§ 10-204a-1 et seq.).

The same requirements apply to children at child care settings, including day care centers and group and family day care homes (Conn. Agencies Regs., §§ 19a-79-6a & 19a-87b-10(k)).

### ***Higher Education Immunization Requirements***

Connecticut law generally requires full-time students attending in-state post-secondary institutions to provide proof of adequate immunization against measles, mumps, and rubella and chicken pox (CGS § 10a-155). The law also requires each student who lives in on-campus housing to be vaccinated against meningitis (CGS § 10a-155b).

### ***Insurance Coverage for Immunizations***

Existing law requires health insurance policies that cover prescription drugs to also cover certain immunizations for children, adolescents, and adults. Specifically, they must cover immunizations (1) recommended by the American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists and (2) that have, in effect, a recommendation from the CDC's ACIP with respect to the individual involved. These include, among others, immunizations for influenza, meningitis, tetanus, HPV, hepatitis A and B, measles, mumps, rubella,

and varicella.

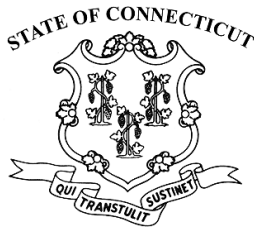
**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea    22    Nay   11    (03/31/2021)

# **Exhibit B**



General Assembly

## Amendment

January Session, 2021

LCO No. 7076



Offered by:

REP. COOK, 65 <sup>th</sup> Dist.	REP. CARPINO, 32 <sup>nd</sup> Dist.
REP. SCANLON, 98 <sup>th</sup> Dist.	REP. MCCARTY, 38 <sup>th</sup> Dist.
REP. LINEHAN, 103 <sup>rd</sup> Dist.	REP. WOOD, 29 <sup>th</sup> Dist.
REP. RYAN, 139 <sup>th</sup> Dist.	REP. COMEY, 102 <sup>nd</sup> Dist.
REP. DEMICCO, 21 <sup>st</sup> Dist.	REP. LEEPER, 132 <sup>nd</sup> Dist.
REP. BORER, 115 <sup>th</sup> Dist.	REP. PARKER, 101 <sup>st</sup> Dist.
REP. HORN, 64 <sup>th</sup> Dist.	REP. BERGER-GIRVALO, 111 <sup>th</sup>
REP. SANCHEZ, 25 <sup>th</sup> Dist.	Dist.
REP. ARCONTI, 109 <sup>th</sup> Dist.	REP. JOHNSON, 49 <sup>th</sup> Dist.
REP. DATHAN, 142 <sup>nd</sup> Dist.	REP. DOUCETTE, 13 <sup>th</sup> Dist.
REP. NOLAN, 39 <sup>th</sup> Dist.	REP. REYES, 75 <sup>th</sup> Dist.
REP. KAVROS DEGRAW, 17 <sup>th</sup>	REP. PALM, 36 <sup>th</sup> Dist.
Dist.	REP. LUXENBERG, 12 <sup>th</sup> Dist.
REP. GOUPIL, 35 <sup>th</sup> Dist.	REP. CONCEPCION, 4 <sup>th</sup> Dist.
REP. DIGIOVANCARLO, 74 <sup>th</sup> Dist.	REP. ALLIE-BRENNAN, 2 <sup>nd</sup> Dist.
REP. NAPOLI, 73 <sup>rd</sup> Dist.	

To: Subst. House Bill No. 6423

File No. 431

Cal. No. 323

### **"AN ACT CONCERNING IMMUNIZATIONS."**

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. Section 10-204a of the general statutes are repealed and the  
4 following is substituted in lieu thereof (*Effective from passage*):



5 (a) Each local or regional board of education, or similar body  
6 governing a nonpublic school or schools, shall require each child to be  
7 protected by adequate immunization against diphtheria, pertussis,  
8 tetanus, poliomyelitis, measles, mumps, rubella, [hemophilus]  
9 haemophilus influenzae type B and any other vaccine required by the  
10 schedule for active immunization adopted pursuant to section 19a-7f  
11 before being permitted to enroll in any program operated by a public or  
12 nonpublic school under its jurisdiction. Before being permitted to enter  
13 seventh grade, a child shall receive a second immunization against  
14 measles. Any such child who (1) presents a certificate from a physician,  
15 physician assistant, advanced practice registered nurse or local health  
16 agency stating that initial immunizations have been given to such child  
17 and additional immunizations are in process (A) under guidelines and  
18 schedules specified by the Commissioner of Public Health, or (B) in the  
19 case of a child enrolled in a preschool program or other prekindergarten  
20 program who, prior to the effective date of this section, was exempt  
21 from the appropriate provisions of this section upon presentation of a  
22 statement that such immunizations would be contrary to the religious  
23 beliefs of such child or the parents or guardian of such child, as such  
24 additional immunizations are recommended, in a written declaration,  
25 in a form prescribed by the Commissioner of Public Health, for such  
26 child by a physician, a physician assistant or an advanced practice  
27 registered nurse; or (2) presents a certificate, in a form prescribed by the  
28 commissioner pursuant to section 7 of this act, from a physician,  
29 physician assistant or advanced practice registered nurse stating that in  
30 the opinion of such physician, physician assistant or advanced practice  
31 registered nurse such immunization is medically contraindicated  
32 because of the physical condition of such child; [or (3) presents a  
33 statement from the parents or guardian of such child that such  
34 immunization would be contrary to the religious beliefs of such child or  
35 the parents or guardian of such child, which statement shall be  
36 acknowledged, in accordance with the provisions of sections 1-32, 1-34  
37 and 1-35, by (A) a judge of a court of record or a family support  
38 magistrate, (B) a clerk or deputy clerk of a court having a seal, (C) a town  
39 clerk, (D) a notary public, (E) a justice of the peace, (F) an attorney

40 admitted to the bar of this state, or (G) notwithstanding any provision  
41 of chapter 6, a school nurse;] or [(4)] (3) in the case of measles, mumps  
42 or rubella, presents a certificate from a physician, physician assistant or  
43 advanced practice registered nurse or from the director of health in such  
44 child's present or previous town of residence, stating that the child has  
45 had a confirmed case of such disease; or [(5)] (4) in the case of  
46 [hemophilus] haemophilus influenzae type B has passed [his] such  
47 child's fifth birthday; or [(6)] (5) in the case of pertussis, has passed [his]  
48 such child's sixth birthday, shall be exempt from the appropriate  
49 provisions of this section. [If the parents or guardians of any child are  
50 unable to pay for such immunizations, the expense of such  
51 immunizations shall, on the recommendations of such board of  
52 education, be paid by the town. Before being permitted to enter seventh  
53 grade, the parents or guardian of any child who is exempt on religious  
54 grounds from the immunization requirements of this section, pursuant  
55 to subdivision (3) of this subsection, shall present to such school a  
56 statement that such immunization requirements are contrary to the  
57 religious beliefs of such child or the parents or guardian of such child,  
58 which statement shall be acknowledged, in accordance with the  
59 provisions of sections 1-32, 1-34 and 1-35, by (A) a judge of a court of  
60 record or a family support magistrate, (B) a clerk or deputy clerk of a  
61 court having a seal, (C) a town clerk, (D) a notary public, (E) a justice of  
62 the peace, (F) an attorney admitted to the bar of this state, or (G)  
63 notwithstanding any provision of chapter 6, a school nurse.] The  
64 statement described in subparagraph (B) of subdivision (1) of this  
65 subsection shall be acknowledged, in accordance with the provisions of  
66 sections 1-32, 1-34 and 1-35, by a judge of a court of record or a family  
67 support magistrate, a clerk or deputy clerk of a court having a seal, a  
68 town clerk, a notary public, a justice of the peace, an attorney admitted  
69 to the bar of this state, or notwithstanding any provision of chapter 6, a  
70 school nurse.

71 (b) The immunization requirements provided for in subsection (a) of  
72 this section shall not apply to any child who is enrolled in kindergarten  
73 through twelfth grade on or before the effective date of this section if

74 such child presented a statement, prior to the effective date of this  
75 section, from the parents or guardian of such child that such  
76 immunization is contrary to the religious beliefs of such child or the  
77 parents or guardian of such child, and such statement was  
78 acknowledged, in accordance with the provisions of sections 1-32, 1-34  
79 and 1-35, by (1) a judge of a court of record or a family support  
80 magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town  
81 clerk, (4) a notary public, (5) a justice of the peace, (6) an attorney  
82 admitted to the bar of this state, or (7) notwithstanding any provision of  
83 chapter 6, a school nurse.

84 (c) Any child who is enrolled in a preschool program or other  
85 prekindergarten program prior to the effective date of this section who  
86 presented a statement, prior to the effective date of this section, from the  
87 parents or guardian of such child that the immunization is contrary to  
88 the religious beliefs of such child or the parents or guardian of such  
89 child, which statement was acknowledged, in accordance with the  
90 provisions of sections 1-32, 1-34 and 1-35, by (1) a judge of a court of  
91 record or a family support magistrate, (2) a clerk or deputy clerk of a  
92 court having a seal, (3) a town clerk, (4) a notary public, (5) a justice of  
93 the peace, (6) an attorney admitted to the bar of this state, or (7)  
94 notwithstanding any provision of chapter 6, a school nurse, but did not  
95 present a written declaration from a physician, a physician assistant or  
96 an advanced practice registered nurse stating that additional  
97 immunizations are in process as recommended by such physician,  
98 physician assistant or advanced practice registered nurse, rather than as  
99 recommended under guidelines and schedules specified by the  
100 Commissioner of Public Health, shall comply with the immunization  
101 requirements provided for in subparagraph (A) of subdivision (1) of  
102 subsection (a) of this section on or before September 1, 2022, or not later  
103 than fourteen days after transferring to a program operated by a public  
104 or nonpublic school under the jurisdiction of a local or regional board of  
105 education or similar body governing a nonpublic school or schools,  
106 whichever is later.

107 (d) If the parents or guardian of any child are unable to pay for any

108 immunization required by subsection (a) of this section, the expense of  
109 such immunization shall, on the recommendation of such child's local  
110 or regional board of education, or similar body governing a nonpublic  
111 school or schools, be paid by the town.

112 [(b)] (e) The definitions of adequate immunization shall reflect the  
113 schedule for active immunization adopted pursuant to section 19a-7f  
114 and be established by regulation adopted in accordance with the  
115 provisions of chapter 54 by the Commissioner of Public Health, who  
116 shall also be responsible for providing procedures under which [said]  
117 such boards and [said] such similar governing bodies shall collect and  
118 report immunization data on each child to the Department of Public  
119 Health for (1) compilation and analysis by [said] the department, and  
120 (2) release by the department of annual immunization rates for each  
121 public and nonpublic school in the state, provided such immunization  
122 data may not contain information that identifies a specific individual.

123 [(c)] (f) The Commissioner of Public Health may issue a temporary  
124 waiver to the schedule for active immunization for any vaccine if the  
125 National Centers for Disease Control and Prevention recognizes a  
126 nation-wide shortage of supply for such vaccine.

127 Sec. 2. Section 19a-25 of the general statutes is repealed and the  
128 following is substituted in lieu thereof (*Effective from passage*):

129 (a) All information, records of interviews, written reports, statements,  
130 notes, memoranda or other data, including personal data as defined in  
131 subdivision (9) of section 4-190, procured by: [the] (1) The Department  
132 of Public Health, by staff committees of facilities accredited by the  
133 Department of Public Health or the maternity mortality review  
134 committee, established pursuant to section 19a-59i, in connection with  
135 studies of morbidity and mortality conducted by the Department of  
136 Public Health, such staff committees or the maternal mortality review  
137 committee, or carried on by said department, such staff committees or  
138 the maternal mortality review committee jointly with other persons,  
139 agencies or organizations, [or procured by] (2) the directors of health of

140 towns, cities or boroughs or the Department of Public Health pursuant  
141 to section 19a-215, or [procured by] (3) such other persons, agencies or  
142 organizations, for the purpose of reducing the morbidity or mortality  
143 from any cause or condition, shall be confidential and shall be used  
144 solely for the purposes of medical or scientific research and, for  
145 information obtained pursuant to section 19a-215, disease prevention  
146 and control by the local director of health and the Department of Public  
147 Health. Such information, records, reports, statements, notes,  
148 memoranda or other data shall not be admissible as evidence in any  
149 action of any kind in any court or before any other tribunal, board,  
150 agency or person, nor shall it be exhibited or its contents disclosed in  
151 any way, in whole or in part, by any officer or representative of the  
152 Department of Public Health or of any such facility, by any person  
153 participating in such a research project or by any other person, except  
154 as may be necessary for the purpose of furthering the research project to  
155 which it relates.

156 (b) Notwithstanding the provisions of chapter 55, the Department of  
157 Public Health may exchange personal data for the purpose of medical  
158 or scientific research, with any other governmental agency or private  
159 research organization; provided such state, governmental agency or  
160 private research organization shall not further disclose such personal  
161 data. The Commissioner of Public Health shall adopt regulations, in  
162 accordance with the provisions of chapter 54, consistent with the  
163 purposes of this section to establish the procedures to ensure the  
164 confidentiality of such disclosures. The furnishing of such information  
165 to the Department of Public Health or its authorized representative, or  
166 to any other agency cooperating in such a research project, shall not  
167 subject any person, hospital, [sanitarium] behavioral health facility, rest  
168 home, nursing home or other person or agency furnishing such  
169 information to any action for damages or other relief because of such  
170 disclosure. [This section shall not be deemed to affect disclosure]

171 (c) The provisions of this section shall not affect: (1) Disclosure of  
172 regular hospital and medical records made in the course of the regular  
173 notation of the care and treatment of any patient, but only records or

174 notations by [such] the staff committees described in subsection (a) of  
175 this section pursuant to their work, or (2) release by the Department of  
176 Public Health of annual immunization rates for each public and  
177 nonpublic school in the state pursuant to section 10-204a, as amended  
178 by this act.

179 Sec. 3. Section 10a-155 of the general statutes is repealed and the  
180 following is substituted in lieu thereof (*Effective from passage*):

181 (a) Each institution of higher education shall require each full-time or  
182 matriculating student born after December 31, 1956, to provide proof of  
183 adequate immunization against measles, rubella, [and on and after  
184 August 1, 2010, to provide proof of adequate immunization against]  
185 mumps and varicella as recommended by the national Advisory  
186 Committee for Immunization Practices before permitting such student  
187 to enroll in such institution. [Any such]

188 (b) Notwithstanding the provisions of subsection (a) of this section,  
189 any student who (1) presents a certificate, in a form prescribed by the  
190 Commissioner of Public Health pursuant to section 7 of this act, from a  
191 physician, a physician assistant or an advanced practice registered nurse  
192 stating that in the opinion of such physician, physician assistant or  
193 advanced practice registered nurse such immunization is medically  
194 contraindicated, (2) [provides] prior to the effective date of this section,  
195 provided a statement that such immunization [would be] is contrary to  
196 his or her religious beliefs, (3) presents a certificate from a physician, a  
197 physician assistant, an advanced practice registered nurse or the  
198 director of health in the student's present or previous town of residence,  
199 stating that the student has had a confirmed case of such disease, (4) is  
200 enrolled exclusively in a program for which students do not congregate  
201 on campus for classes or to participate in institutional-sponsored events,  
202 such as students enrolled in distance learning programs for  
203 individualized home study or programs conducted entirely through  
204 electronic media in a setting without other students present, or (5)  
205 graduated from a public or nonpublic high school in this state in 1999 or  
206 later and was not exempt from the measles, rubella and [on and after

207 August 1, 2010, the] mumps vaccination requirement pursuant to  
208 subdivision (2) [or (3)] of subsection (a) of section 10-204a, as amended  
209 by this act, shall be exempt from the appropriate provisions of this  
210 section.

211 [(b)] (c) Each institution of higher education shall keep uniform  
212 records of the immunizations and immunization status of each student,  
213 based on the certificate of immunization or other evidence acceptable  
214 pursuant to subsection [(a)] (b) of this section. The record shall be part  
215 of the student's permanent record. By November first of each year, the  
216 chief administrative officer of each institution of higher education shall  
217 cause to be submitted to the Commissioner of Public Health, on a form  
218 provided by the commissioner, a summary report of the immunization  
219 status of all students enrolling in such institution.

220 Sec. 4. Subsection (a) of section 10a-155b of the general statutes is  
221 repealed and the following is substituted in lieu thereof (*Effective from*  
222 *passage*):

223 (a) For students who first enroll in the 2014-2015 school year, and first  
224 enroll in each school year thereafter, each public or private college or  
225 university in this state shall require that each student who resides in on-  
226 campus housing be vaccinated against meningitis and submit evidence  
227 of having received a meningococcal conjugate vaccine not more than  
228 five years before enrollment as a condition of such residence. The  
229 provisions of this subsection shall not apply to any such student who (1)  
230 presents a certificate, in a form prescribed by the Commissioner of  
231 Public Health pursuant to section 7 of this act, from a physician, an  
232 advanced practice registered nurse or a physician assistant stating that,  
233 in the opinion of such physician, advanced practice registered nurse or  
234 physician assistant, such vaccination is medically contraindicated  
235 because of the physical condition of such student, or (2) [presents] prior  
236 to the effective date of this section, presented a statement that such  
237 vaccination [would be] is contrary to the religious beliefs of such  
238 student.

239       Sec. 5. Section 19a-79 of the general statutes is repealed and the  
240 following is substituted in lieu thereof (*Effective from passage*):

241       (a) The Commissioner of Early Childhood shall adopt regulations, in  
242 accordance with the provisions of chapter 54, to carry out the purposes  
243 of sections 19a-77 to 19a-80, inclusive, and 19a-82 to 19a-87, inclusive,  
244 and to assure that child care centers and group child care homes meet  
245 the health, educational and social needs of children utilizing such child  
246 care centers and group child care homes. Such regulations shall (1)  
247 specify that before being permitted to attend any child care center or  
248 group child care home, each child shall be protected as age-appropriate  
249 by adequate immunization against diphtheria, pertussis, tetanus,  
250 poliomyelitis, measles, mumps, rubella, [hemophilus] haemophilus  
251 influenzae type B and any other vaccine required by the schedule of  
252 active immunization adopted pursuant to section 19a-7f, [including  
253 appropriate exemptions for children for whom such immunization is  
254 medically contraindicated and for children whose parent or guardian  
255 objects to such immunization on religious grounds, and that any  
256 objection by a parent or a guardian to immunization of a child on  
257 religious grounds shall be accompanied by a statement from such parent  
258 or guardian that such immunization would be contrary to the religious  
259 beliefs of such child or the parent or guardian of such child, which  
260 statement shall be acknowledged, in accordance with the provisions of  
261 sections 1-32, 1-34 and 1-35, by (A) a judge of a court of record or a family  
262 support magistrate, (B) a clerk or deputy clerk of a court having a seal,  
263 (C) a town clerk, (D) a notary public, (E) a justice of the peace, or (F) an  
264 attorney admitted to the bar of this state,] (2) specify conditions under  
265 which child care center directors and teachers and group child care  
266 home providers may administer tests to monitor glucose levels in a child  
267 with diagnosed diabetes mellitus, and administer medicinal  
268 preparations, including controlled drugs specified in the regulations by  
269 the commissioner, to a child receiving child care services at such child  
270 care center or group child care home pursuant to the written order of a  
271 physician licensed to practice medicine or a dentist licensed to practice  
272 dental medicine in this or another state, or an advanced practice



273 registered nurse licensed to prescribe in accordance with section 20-94a,  
274 or a physician assistant licensed to prescribe in accordance with section  
275 20-12d, and the written authorization of a parent or guardian of such  
276 child, (3) specify that an operator of a child care center or group child  
277 care home, licensed before January 1, 1986, or an operator who receives  
278 a license after January 1, 1986, for a facility licensed prior to January 1,  
279 1986, shall provide a minimum of thirty square feet per child of total  
280 indoor usable space, free of furniture except that needed for the  
281 children's purposes, exclusive of toilet rooms, bathrooms, coatrooms,  
282 kitchens, halls, isolation room or other rooms used for purposes other  
283 than the activities of the children, (4) specify that a child care center or  
284 group child care home licensed after January 1, 1986, shall provide  
285 thirty-five square feet per child of total indoor usable space, (5) establish  
286 appropriate child care center staffing requirements for employees  
287 certified in cardiopulmonary resuscitation by the American Red Cross,  
288 the American Heart Association, the National Safety Council, American  
289 Safety and Health Institute, Medic First Aid International, Inc. or an  
290 organization using guidelines for cardiopulmonary resuscitation and  
291 emergency cardiovascular care published by the American Heart  
292 Association and International Liaison Committee on Resuscitation, (6)  
293 specify that [on and after January 1, 2003,] a child care center or group  
294 child care home (A) shall not deny services to a child on the basis of a  
295 child's known or suspected allergy or because a child has a prescription  
296 for an automatic prefilled cartridge injector or similar automatic  
297 injectable equipment used to treat an allergic reaction, or for injectable  
298 equipment used to administer glucagon, (B) shall, not later than three  
299 weeks after such child's enrollment in such a center or home, have staff  
300 trained in the use of such equipment on-site during all hours when such  
301 a child is on-site, (C) shall require such child's parent or guardian to  
302 provide the injector or injectable equipment and a copy of the  
303 prescription for such medication and injector or injectable equipment  
304 upon enrollment of such child, and (D) shall require a parent or  
305 guardian enrolling such a child to replace such medication and  
306 equipment prior to its expiration date, (7) specify that [on and after  
307 January 1, 2005,] a child care center or group child care home (A) shall

308 not deny services to a child on the basis of a child's diagnosis of asthma  
309 or because a child has a prescription for an inhalant medication to treat  
310 asthma, and (B) shall, not later than three weeks after such child's  
311 enrollment in such a center or home, have staff trained in the  
312 administration of such medication on-site during all hours when such a  
313 child is on-site, and (8) establish physical plant requirements for  
314 licensed child care centers and licensed group child care homes that  
315 exclusively serve school-age children. When establishing such  
316 requirements, the Office of Early Childhood shall give consideration to  
317 child care centers and group child care homes that are located in private  
318 or public school buildings. With respect to this subdivision only, the  
319 commissioner shall implement policies and procedures necessary to  
320 implement the physical plant requirements established pursuant to this  
321 subdivision while in the process of adopting such policies and  
322 procedures in regulation form. Until replaced by policies and  
323 procedures implemented pursuant to this subdivision, any physical  
324 plant requirement specified in the office's regulations that is generally  
325 applicable to child care centers and group child care homes shall  
326 continue to be applicable to such centers and homes that exclusively  
327 serve school-age children. The commissioner shall [print] post notice of  
328 the intent to adopt regulations pursuant to this subdivision on the  
329 eRegulations System not later than twenty days after the date of  
330 implementation of such policies and procedures. Policies and  
331 procedures implemented pursuant to this subdivision shall be valid  
332 until the time final regulations are adopted.

333 (b) Any child who (1) presents a certificate, in a form prescribed by  
334 the Commissioner of Public Health pursuant to section 7 of this act,  
335 signed by a physician, a physician assistant or an advanced practice  
336 registered nurse stating that, in the opinion of such physician, physician  
337 assistant or advanced practice registered nurse, the immunizations  
338 required pursuant to regulations adopted pursuant to subdivision (1) of  
339 subsection (a) of this section are medically contraindicated, (2) in the  
340 case of a child who is enrolled in kindergarten through twelfth grade,  
341 presented a statement, prior to the effective date of this section, that such

342 immunizations are contrary to the religious beliefs of such child or the  
343 parents or guardian of such child, or (3) in the case of a child who is  
344 enrolled in a preschool program or other prekindergarten program or  
345 below, (A) presented a statement, prior to the effective date of this  
346 section, that such immunizations are contrary to the religious beliefs of  
347 such child or the parents or guardian of such child, and (B) presents a  
348 written declaration, in a form prescribed by the Commissioner of Public  
349 Health, from a physician, a physician assistant or an advanced practice  
350 registered nurse stating that an immunization against diphtheria,  
351 pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus  
352 influenzae type B and any other vaccine required by the schedule of  
353 active immunization adopted pursuant to section 19a-7f has been given  
354 to such child and that any additional necessary immunizations of such  
355 student against diphtheria, pertussis, tetanus, poliomyelitis, measles,  
356 mumps, rubella, haemophilus influenzae type B and any other vaccine  
357 required by such schedule of active immunization are in process under  
358 guidelines specified by the Commissioner of Public Health or as  
359 recommended for the child by the physician, physician assistant or  
360 advanced practice registered nurse, shall be exempt from the  
361 immunization requirements set forth in such regulations. The statement  
362 described in subparagraph (A) of subdivision (3) of this subsection shall  
363 be acknowledged, in accordance with the provisions of sections 1-32, 1-  
364 34 and 1-35, by a judge of a court of record or a family support  
365 magistrate, a clerk or deputy clerk of a court having a seal, a town clerk,  
366 a notary public, a justice of the peace, or an attorney admitted to the bar  
367 of this state.

368 (c) Any child who is enrolled in a preschool program or other  
369 prekindergarten program or below on or before the effective date of this  
370 section who presented, prior to the effective date of this section, the  
371 statement described in subparagraph (A) of subdivision (3) of  
372 subsection (b) of this section, but did not present the written declaration  
373 described in subparagraph (B) of subdivision (3) of subsection (b) of this  
374 section, shall comply, on or before September 1, 2022, or not later than  
375 fourteen days after applying to enroll in the child care center or group

376 child care home, whichever is later, with the immunization  
377 requirements set forth in the regulations adopted pursuant to  
378 subdivision (1) of subsection (a) of this section.

379 [(b)] (d) The commissioner may adopt regulations, pursuant to  
380 chapter 54, to establish civil penalties of not more than one hundred  
381 dollars per day for each day of violation and other disciplinary remedies  
382 that may be imposed, following a contested-case hearing, upon the  
383 holder of a license issued under section 19a-80 to operate a child care  
384 center or group child care home or upon the holder of a license issued  
385 under section 19a-87b, as amended by this act, to operate a family child  
386 care home.

387 [(c)] (e) The commissioner shall exempt Montessori schools  
388 accredited by the American Montessori Society or the Association  
389 Montessori Internationale from any provision in regulations adopted  
390 pursuant to subsection (a) of this section which sets requirements on  
391 group size or child to staff ratios or the provision of cots.

392 [(d)] (f) Upon the declaration by the Governor of a civil preparedness  
393 emergency pursuant to section 28-9 or a public health emergency  
394 pursuant to section 19a-131a, the commissioner may waive the  
395 provisions of any regulation adopted pursuant to this section if the  
396 commissioner determines that such waiver would not endanger the life,  
397 safety or health of any child. The commissioner shall prescribe the  
398 duration of such waiver, provided such waiver shall not extend beyond  
399 the duration of the declared emergency. The commissioner shall  
400 establish the criteria by which a waiver request shall be made and the  
401 conditions for which a waiver will be granted or denied. The provisions  
402 of section 19a-84 shall not apply to a denial of a waiver request under  
403 this subsection.

404 [(e)] (g) Any child care center or group child care home may provide  
405 child care services to homeless children and youths, as defined in 42  
406 USC 11434a, as amended from time to time, for a period not to exceed  
407 ninety days without complying with any provision in regulations

408 adopted pursuant to this section relating to immunization and physical  
409 examination requirements. Any child care center or group child care  
410 home that provides child care services to homeless children and youths  
411 at such center or home under this subsection shall maintain a record on  
412 file of all homeless children and youths who have attended such center  
413 or home for a period of two years after such homeless children or youths  
414 are no longer receiving child care services at such center or home.

415     ~~[(f)]~~ (h) Any child care center or group child care home may provide  
416 child care services to a foster child for a period not to exceed forty-five  
417 days without complying with any provision in regulations adopted  
418 pursuant to this section relating to immunization and physical  
419 examination requirements. Any child care center or group child care  
420 home that provides child care services to a foster child at such center or  
421 home under this subsection shall maintain a record on file of such foster  
422 child for a period of two years after such foster child is no longer  
423 receiving child care services at such center or home. For purposes of this  
424 subsection, "foster child" means a child who is in the care and custody  
425 of the Commissioner of Children and Families and placed in a foster  
426 home licensed pursuant to section 17a-114, foster home approved by a  
427 child-placing agency licensed pursuant to section 17a-149, facility  
428 licensed pursuant to section 17a-145 or with a relative or fictive kin  
429 caregiver pursuant to section 17a-114.

430     Sec. 6. Section 19a-87b of the general statutes is repealed and the  
431 following is substituted in lieu thereof (*Effective from passage*):

432     (a) No person, group of persons, association, organization,  
433 corporation, institution or agency, public or private, shall maintain a  
434 family child care home, as defined in section 19a-77, without a license  
435 issued by the Commissioner of Early Childhood. Licensure forms shall  
436 be obtained from the Office of Early Childhood. Applications for  
437 licensure shall be made to the commissioner on forms provided by the  
438 office and shall contain the information required by regulations adopted  
439 under this section. The licensure and application forms shall contain a  
440 notice that false statements made therein are punishable in accordance

441 with section 53a-157b. Applicants shall state, in writing, that they are in  
442 compliance with the regulations adopted by the commissioner pursuant  
443 to subsection (f) of this section. Before a family child care home license  
444 is granted, the office shall make an inquiry and investigation which shall  
445 include a visit and inspection of the premises for which the license is  
446 requested. Any inspection conducted by the office shall include an  
447 inspection for evident sources of lead poisoning. The office shall provide  
448 for a chemical analysis of any paint chips found on such premises.  
449 Neither the commissioner nor the commissioner's designee shall require  
450 an annual inspection for homes seeking license renewal or for licensed  
451 homes, except that the commissioner or the commissioner's designee  
452 shall make an unannounced visit, inspection or investigation of each  
453 licensed family child care home at least once every year. A licensed  
454 family child care home shall not be subject to any conditions on the  
455 operation of such home by local officials, other than those imposed by  
456 the office pursuant to this subsection, if the home complies with all local  
457 codes and ordinances applicable to single and multifamily dwellings.

458 (b) No person shall act as an assistant or substitute staff member to a  
459 person or entity maintaining a family child care home, as defined in  
460 section 19a-77, without an approval issued by the commissioner. Any  
461 person seeking to act as an assistant or substitute staff member in a  
462 family child care home shall submit an application for such approval to  
463 the office. Applications for approval shall: (1) Be made to the  
464 commissioner on forms provided by the office, (2) contain the  
465 information required by regulations adopted under this section, and (3)  
466 be accompanied by a fee of fifteen dollars. The approval application  
467 forms shall contain a notice that false statements made in such form are  
468 punishable in accordance with section 53a-157b.

469 (c) The commissioner, within available appropriations, shall require  
470 each initial applicant or prospective employee of a family child care  
471 home in a position requiring the provision of care to a child, including  
472 an assistant or substitute staff member and each household member  
473 who is sixteen years of age or older, to submit to comprehensive  
474 background checks, including state and national criminal history

475 records checks. The criminal history records checks required pursuant  
476 to this subsection shall be conducted in accordance with section 29-17a.  
477 The commissioner shall also request a check of the state child abuse  
478 registry established pursuant to section 17a-101k. The commissioner  
479 shall notify each licensee of the provisions of this subsection. For  
480 purposes of this subsection, "household member" means any person,  
481 other than the person who is licensed to conduct, operate or maintain a  
482 family child care home, who resides in the family child care home, such  
483 as the licensee's spouse or children, tenants and any other occupant.

484 (d) An application for initial licensure pursuant to this section shall  
485 be accompanied by a fee of forty dollars and such license shall be issued  
486 for a term of four years. An application for renewal of a license issued  
487 pursuant to this section shall be accompanied by a fee of forty dollars  
488 and a certification from the licensee that any child enrolled in the family  
489 child care home has received age-appropriate immunizations in  
490 accordance with regulations adopted pursuant to subsection (f) of this  
491 section. A license issued pursuant to this section shall be renewed for a  
492 term of four years. In the case of an applicant submitting an application  
493 for renewal of a license that has expired, and who has ceased operations  
494 of a family child care home due to such expired license, the  
495 commissioner may renew such expired license within thirty days of the  
496 date of such expiration upon receipt of an application for renewal that  
497 is accompanied by such fee and such certification.

498 (e) An application for initial staff approval or renewal of staff  
499 approval shall be accompanied by a fee of fifteen dollars. Such  
500 approvals shall be issued or renewed for a term of two years.

501 (f) The commissioner shall adopt regulations, in accordance with the  
502 provisions of chapter 54, to assure that family child care homes, as  
503 defined in section 19a-77, meet the health, educational and social needs  
504 of children utilizing such homes. Such regulations shall ensure that the  
505 family child care home is treated as a residence, and not an institutional  
506 facility. Such regulations shall specify that each child be protected as  
507 age-appropriate by adequate immunization against diphtheria,

508 pertussis, tetanus, poliomyelitis, measles, mumps, rubella,  
509 [hemophilus] haemophilus influenzae type B and any other vaccine  
510 required by the schedule of active immunization adopted pursuant to  
511 section 19a-7f. [Such regulations shall provide appropriate exemptions  
512 for children for whom such immunization is medically contraindicated  
513 and for children whose parents or guardian objects to such  
514 immunization on religious grounds and require that any such objection  
515 be accompanied by a statement from such parents or guardian that such  
516 immunization would be contrary to the religious beliefs of such child or  
517 the parents or guardian of such child, which statement shall be  
518 acknowledged, in accordance with the provisions of sections 1-32, 1-34  
519 and 1-35, by (1) a judge of a court of record or a family support  
520 magistrate, (2) a clerk or deputy clerk of a court having a seal, (3) a town  
521 clerk, (4) a notary public, (5) a justice of the peace, or (6) an attorney  
522 admitted to the bar of this state.] Such regulations shall also specify  
523 conditions under which family child care home providers may  
524 administer tests to monitor glucose levels in a child with diagnosed  
525 diabetes mellitus, and administer medicinal preparations, including  
526 controlled drugs specified in the regulations by the commissioner, to a  
527 child receiving child care services at a family child care home pursuant  
528 to a written order of a physician licensed to practice medicine in this or  
529 another state, an advanced practice registered nurse licensed to  
530 prescribe in accordance with section 20-94a or a physician assistant  
531 licensed to prescribe in accordance with section 20-12d, and the written  
532 authorization of a parent or guardian of such child. Such regulations  
533 shall specify appropriate standards for extended care and intermittent  
534 short-term overnight care. The commissioner shall inform each licensee,  
535 by way of a plain language summary provided not later than sixty days  
536 after the regulation's effective date, of any new or changed regulations  
537 adopted under this subsection with which a licensee must comply.

538 (g) Any child who (1) presents a certificate, in a form prescribed by  
539 the Commissioner of Public Health pursuant to section 7 of this act,  
540 signed by a physician, a physician assistant or an advanced practice  
541 registered nurse stating that, in the opinion of such physician, physician



542 assistant or advanced practice registered nurse, the immunizations  
543 required pursuant to regulations adopted pursuant to subsection (f) of  
544 this section are medically contraindicated, (2) in the case of a child who  
545 is enrolled in kindergarten through twelfth grade, presented a  
546 statement, prior to the effective date of this section, that such  
547 immunizations are contrary to the religious beliefs of such child or the  
548 parents or guardian of such child, or (3) in the case of a child who is  
549 enrolled in a preschool program or other prekindergarten program or  
550 below, (A) presented a statement, prior to the effective date of this  
551 section, that such immunizations are contrary to the religious beliefs of  
552 such child or the parents or guardian of such child, and (B) presents a  
553 written declaration, in a form prescribed by the Commissioner of Public  
554 Health, from a physician, physician assistant or advanced practice  
555 registered nurse stating that an immunization against diphtheria,  
556 pertussis, tetanus, poliomyelitis, measles, mumps, rubella, haemophilus  
557 influenzae type B and any other vaccine required by the schedule of  
558 active immunization adopted pursuant to section 19a-7f has been given  
559 to such child and that any additional necessary immunizations of such  
560 student against diphtheria, pertussis, tetanus, poliomyelitis, measles,  
561 mumps, rubella, haemophilus influenzae type B and any other vaccine  
562 required by such schedule of active immunization are in process under  
563 guidelines specified by the Commissioner of Public Health or as  
564 recommended for the child by the physician, physician assistant or  
565 advanced practice registered nurse, shall be exempt from the  
566 immunization requirements set forth in such regulations. The statement  
567 described in subparagraph (A) of subdivision (3) of this subsection shall  
568 be acknowledged, in accordance with the provisions of sections 1-32, 1-  
569 34 and 1-35, by (i) a judge of a court of record or a family support  
570 magistrate, (ii) a clerk or deputy clerk of a court having a seal, (iii) a  
571 town clerk, (iv) a notary public, (v) a justice of the peace, or (vi) an  
572 attorney admitted to the bar of this state.

573 (h) Any child who is enrolled in a preschool program or other  
574 prekindergarten program or below on or before the effective date of this  
575 section who presented, prior to the effective date of this section, the

576 statement described in subparagraph (A) of subdivision (3) of  
577 subsection (g) of this section, but did not present the written declaration  
578 described in subparagraph (B) of subdivision (3) of subsection (g) of this  
579 section shall comply, on or before September 1, 2022, or not later than  
580 fourteen days after applying to enroll in the family child care home,  
581 whichever is later, with the immunization requirements set forth in the  
582 regulations adopted pursuant to subsection (f) of this section.

583       [(g)] (i) Upon the declaration by the Governor of a civil preparedness  
584 emergency pursuant to section 28-9 or a public health emergency  
585 pursuant to section 19a-131a, the commissioner may waive the  
586 provisions of any regulation adopted pursuant to this section if the  
587 commissioner determines that such waiver would not endanger the life,  
588 safety or health of any child. The commissioner shall prescribe the  
589 duration of such waiver, provided such waiver shall not extend beyond  
590 the duration of the declared emergency. The commissioner shall  
591 establish the criteria by which a waiver request shall be made and the  
592 conditions for which a waiver will be granted or denied. The provisions  
593 of section 19a-84 shall not apply to a denial of a waiver request under  
594 this subsection.

595       [(h)] (j) Any family child care home may provide child care services  
596 to homeless children and youths, as defined in 42 USC 11434a, as  
597 amended from time to time, for a period not to exceed ninety days  
598 without complying with any provision in regulations adopted pursuant  
599 to this section relating to immunization and physical examination  
600 requirements. Any family child care home that provides child care  
601 services to homeless children and youths at such home under this  
602 subsection shall maintain a record on file of all homeless children and  
603 youths who have attended such home for a period of two years after  
604 such homeless children or youths are no longer receiving child care  
605 services at such home.

606       [(i)] (k) Any family child care home may provide child care services  
607 to a foster child for a period not to exceed forty-five days without  
608 complying with any provision in regulations adopted pursuant to this

609 section relating to immunization and physical examination  
610 requirements. Any family child care home that provides child care  
611 services to a foster child at such home under this subsection shall  
612 maintain a record on file of such foster child for a period of two years  
613 after such foster child is no longer receiving child care services at such  
614 home. For purposes of this subsection, "foster child" means a child who  
615 is in the care and custody of the Commissioner of Children and Families  
616 and placed in a foster home licensed pursuant to section 17a-114, foster  
617 home approved by a child-placing agency licensed pursuant to section  
618 17a-149, facility licensed pursuant to section 17a-145 or with a relative  
619 or fictive kin caregiver pursuant to section 17a-114.

620       Sec. 7. (NEW) (*Effective from passage*) On or before October 1, 2021, the  
621 Commissioner of Public Health shall develop and make available on the  
622 Internet web site of the Department of Public Health a certificate for use  
623 by a physician, physician assistant or advanced practice registered  
624 nurse stating that, in the opinion of such physician, physician assistant  
625 or advanced practice registered nurse, a vaccination required by the  
626 general statutes is medically contraindicated for a person because of the  
627 physical condition of such person. The certificate shall include (1)  
628 definitions of the terms "contraindication" and "precaution", (2) a list of  
629 contraindications and precautions recognized by the National Centers  
630 for Disease Control and Prevention for each of the statutorily required  
631 vaccinations, from which the physician, physician assistant or advanced  
632 practice registered nurse may select the relevant contraindication or  
633 precaution on behalf of such person, (3) a section in which the physician,  
634 physician assistant or advanced practice registered nurse may record a  
635 contraindication or precaution that is not recognized by the National  
636 Centers for Disease Control and Prevention, but in his or her discretion,  
637 results in the vaccination being medically contraindicated, including,  
638 but not limited to, any autoimmune disorder, family history of any  
639 autoimmune disorder, family history of any reaction to a vaccination,  
640 genetic predisposition to any reaction to a vaccination as determined  
641 through genetic testing and a previous documented reaction of a person  
642 that is correlated to a vaccination, (4) a section in which the physician,

643 physician assistant or advanced practice registered nurse may include a  
644 written explanation for the exemption from any statutorily required  
645 vaccinations, (5) a section requiring the signature of the physician,  
646 physician assistant or advanced practice registered nurse, (6) a  
647 requirement that the physician, physician assistant or advanced practice  
648 registered nurse attach such person's most current immunization  
649 record, and (7) a synopsis of the grounds for any order of quarantine or  
650 isolation pursuant to section 19a-131b of the general statutes.

651 Sec. 8. (NEW) (*Effective from passage*) (a) There is established an  
652 Advisory Committee on Medically Contraindicated Vaccinations within  
653 the Department of Public Health for the purpose of advising the  
654 Commissioner of Public Health on issues concerning exemptions from  
655 state or federal requirements for vaccinations that result from a  
656 physician, physician assistant or advanced practice registered nurse  
657 stating that a vaccination is medically contraindicated for a person due  
658 to the medical condition of such person. Said advisory committee shall  
659 not be responsible for confirming or denying any determination by a  
660 physician, physician assistant or advanced practice registered nurse that  
661 a vaccination is medically contraindicated for a specific individual. In  
662 order to carry out its duties, the advisory committee shall (1) have access  
663 to the childhood immunization registry established by the department  
664 pursuant to section 19a-7h of the general statutes, (2) evaluate the  
665 process used by the department in collecting data concerning  
666 exemptions resulting from a vaccination being medically  
667 contraindicated and whether the department should have any oversight  
668 over such exemptions, (3) examine whether enrollment of an  
669 unvaccinated child into a program operated by a public or nonpublic  
670 school, institution of higher education, child care center or group child  
671 care home should be conditioned upon the child meeting certain  
672 criteria, (4) calculate the ratio of school nurses to students in each public  
673 and nonpublic school in the state and the funding issues surrounding  
674 such ratio, (5) assess whether immunizations should be required more  
675 frequently than prior to enrollment into a program operated by a public  
676 or nonpublic school and prior to entering seventh grade, and (6)

677 determine whether (A) there are any discrepancies in the issuance of  
678 certificates stating that a vaccine is medically contraindicated, and (B) to  
679 recommend continuing education of physicians, physician assistants or  
680 advanced practice registered nurses in vaccine contraindications and  
681 precautions. All information obtained by the advisory committee from  
682 such registry shall be confidential pursuant to section 19a-25 of the  
683 general statutes, as amended by this act.

684 (b) The advisory committee shall consist of the following members:

685 (1) Two appointed by the speaker of the House of Representatives,  
686 one of whom shall be a physician licensed pursuant to chapter 370 of the  
687 general statutes who is a pediatrician, and one of whom shall be a  
688 member of the public;

689 (2) Two appointed by the president pro tempore of the Senate, one of  
690 whom shall be a physician licensed pursuant to chapter 370 of the  
691 general statutes who has expertise in the efficacy of vaccines, and one of  
692 whom shall be a member of the public;

693 (3) One appointed by the majority leader of the House of  
694 Representatives, who shall be a school nurse;

695 (4) One appointed by the majority leader of the Senate, who shall be  
696 a physician assistant licensed pursuant to chapter 370 of the general  
697 statutes who has experience in the administration of vaccines;

698 (5) One appointed by the minority leader of the House of  
699 Representatives, who shall be an advanced practice registered nurse  
700 licensed pursuant to chapter 378 of the general statutes who has  
701 experience in the administration of vaccines;

702 (6) One appointed by the minority leader of the Senate, who shall be  
703 a representative of the Connecticut Chapter of the American Academy  
704 of Pediatrics;

705 (7) The Commissioner of Public Health, or the commissioner's  
706 designee;

707 (8) The Commissioner of Education, or the commissioner's designee;  
708 and

709 (9) The Commissioner of Early Childhood, or the commissioner's  
710 designee.

711 (c) The members of the advisory committee shall elect a chairperson  
712 of the advisory committee from among its members. Such chairperson  
713 shall schedule the first meeting of the advisory committee, which shall  
714 be held not later than October 1, 2021. The advisory committee shall  
715 meet not less than biannually. On or before January 1, 2022, and  
716 annually thereafter, the committee shall report, in accordance with the  
717 provisions of section 11-4a of the general statutes, on its activities and  
718 findings to the joint standing committee of the General Assembly  
719 having cognizance of matters relating to public health.

720 Sec. 9. (NEW) (*Effective from passage*) The Department of Public  
721 Health, in collaboration with the state Department of Education and the  
722 Office of Early Childhood, shall evaluate all of the data collected by said  
723 departments concerning exemptions from immunization requirements.  
724 Not later than January 1, 2022, and annually thereafter, the  
725 Commissioners of Public Health, Education and Early Childhood shall  
726 jointly report, in accordance with the provisions of section 11-4a of the  
727 general statutes, to the joint standing committees of the General  
728 Assembly having cognizance of matters relating to public health and  
729 education regarding the evaluation of such data.

730 Sec. 10. Subsection (a) of section 38a-492r of the general statutes is  
731 repealed and the following is substituted in lieu thereof (*Effective January*  
732 *1, 2022*):

733 (a) Each individual health insurance policy providing coverage of the  
734 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
735 delivered, issued for delivery, renewed, amended or continued in this  
736 state that provides coverage for prescription drugs shall provide  
737 [coverage for] (1) coverage for immunizations recommended by the  
738 American Academy of Pediatrics, American Academy of Family

739 Physicians and the American College of Obstetricians and  
740 Gynecologists, and (2) with respect to immunizations that have in effect  
741 a recommendation from the Advisory Committee on Immunization  
742 Practices of the Centers for Disease Control and Prevention with respect  
743 to the individual involved, coverage for such immunizations and at least  
744 a twenty-minute consultation between such individual and a health care  
745 provider authorized to administer such immunizations to such  
746 individual.

747 Sec. 11. Subsection (a) of section 38a-518r of the general statutes is  
748 repealed and the following is substituted in lieu thereof (*Effective January*  
749 *1, 2022*):

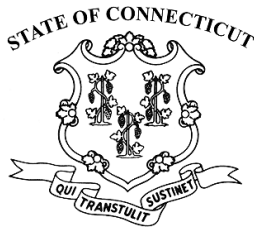
750 (a) Each group health insurance policy providing coverage of the type  
751 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
752 delivered, issued for delivery, renewed, amended or continued in this  
753 state that provides coverage for prescription drugs shall provide  
754 [coverage for] (1) coverage for immunizations recommended by the  
755 American Academy of Pediatrics, American Academy of Family  
756 Physicians and the American College of Obstetricians and  
757 Gynecologists, and (2) with respect to immunizations that have in effect  
758 a recommendation from the Advisory Committee on Immunization  
759 Practices of the Centers for Disease Control and Prevention with respect  
760 to the individual involved, coverage for such immunizations and at least  
761 a twenty-minute consultation between such individual and a health care  
762 provider authorized to administer such immunizations to such  
763 individual."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	10-204a
Sec. 2	<i>from passage</i>	19a-25
Sec. 3	<i>from passage</i>	10a-155
Sec. 4	<i>from passage</i>	10a-155b(a)
Sec. 5	<i>from passage</i>	19a-79
Sec. 6	<i>from passage</i>	19a-87b

Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>from passage</i>	New section
Sec. 9	<i>from passage</i>	New section
Sec. 10	<i>January 1, 2022</i>	38a-492r(a)
Sec. 11	<i>January 1, 2022</i>	38a-518r(a)



# **Exhibit C**



General Assembly

## Amendment

January Session, 2021

LCO No. 7009



Offered by:

REP. DAUPHINAIS, 44<sup>th</sup> Dist.

SEN. SOMERS, 18<sup>th</sup> Dist.

To: Subst. House Bill No. **6423**

File No. 431

Cal. No. 323

### **"AN ACT CONCERNING IMMUNIZATIONS."**

1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective from passage*) Any person who is exempt  
4 from the immunization requirements set forth in section 10-204a of the  
5 general statutes, as amended by this act, on religious grounds shall  
6 continue to be exempt from such requirements on religious grounds if  
7 such student transfers from one public or private school in the state to  
8 another public or private school in the state under the jurisdiction of  
9 either the same or a different local or regional board of education, or  
10 similar body governing a nonpublic school or schools."

This act shall take effect as follows and shall amend the following sections:

Sec. 501	<i>from passage</i>	New section
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# **Exhibit D**

# Connecticut State Department of Public Health

(/DPH)

[CT.gov Home](#) [\(/\)](#) [Department of Public Health](#) [\(/DPH\)](#) [School Immunization Survey Data](#)

- [Immunization Homepage \(/DPH/Immunizations/CONNECTICUT-IMMUNIZATION--PROGRAM\)](#) >
- [Immunization Laws and Regulations \(/DPH/Immunizations/Immunization--Laws-and-Regulations\)](#) >
- [Vaccine Preventable Disease Surveillance \(https://portal.ct.gov/DPH/Immunizations/VACCINE-PREVENTABLE-DISEASES\)](#) >
- [About CT WIZ \(/DPH/Immunizations/ALL-ABOUT-CT-WiZ\)](#) >
- [EHR Data Exchange-HL7 \(https://portal.ct.gov/DPH/Immunizations/Electronic-Health-Record-Electronic-Exchange-With-CT-WiZ\)](#) >
- [Connecticut Vaccine Program- CVP \(/DPH/Immunizations/Connecticut-Vaccine-Program-CVP\)](#) >
- [For CVP Providers \(/DPH/Immunizations/CVP---Information-for-Providers\)](#) >
- [For Healthcare Providers \(/DPH/Immunizations/Immunization-Information-for-Health-Professionals\)](#) >
- [Immunization Action Plan - IAP \(/DPH/Immunizations/Immunization-Action-Plan-IAP\)](#) >
- [For Adults \(/DPH/Immunizations/Adult-Immunizations\)](#) >
- [For Parents \(/DPH/Immunizations/CVP---Information-for-Parents\)](#) >
- [For Pregnant Women \(/DPH/Immunizations/Tdap-Cocooning\)](#) >
- [International Travel \(https://www.cdc.gov/travel/\)](#) >
- [Preventing Seasonal Influenza \(/DPH/Immunizations/Seasonal-Influenza\)](#) >
- [COVID-19 Vaccine Providers \(/DPH/Immunizations/COVID-19-Vaccine-Providers\)](#) >
- [Contact Us \(/DPH/Immunizations/Contact-Us\)](#) >

**Search Department of Public Health**



## School Immunization Survey Data

**Required Immunizations for School and Child Care** Vaccination is a medical intervention with direct benefits to *both* individuals and communities. When a large percentage of a population is vaccinated, the entire community (vaccinated and unvaccinated) receives additional protection from vaccine preventable diseases. This concept, known as 'herd immunity,' is a primary justification for mandatory vaccination policies in the United States. By following the recommended schedule and fully immunizing children on time, parents protect their children against 14 vaccine preventable diseases. If a high enough percentage of children are vaccinated outbreaks can also be prevented. In the U.S., all states require children attending public school or state-licensed day care facilities to receive a series of vaccinations. Vaccination requirements for school and day care attendance are critical to ensuring high rates of vaccination. Linking vaccination with school attendance, which is also required by law, ensures that vaccines reach the greatest number of children. Schools are a prime venue for the transmission of vaccine-preventable disease, and active school-age children can further spread disease to their families and others with whom they interact.<sup>1</sup> Specific vaccine requirements for school and child care vary by state. The Connecticut immunization laws and regulations can be found on the **Department of Public Health's Immunization Laws and Regulations web page (<https://portal.ct.gov/DPH/Immunizations/Immunization--Laws-and-Regulations>)**. Each school and child care program is responsible for ensuring that attendees are in compliance with the vaccine requirements.

### Immunization Survey

The school immunization survey measures the extent to which children in Connecticut are protected from vaccine-preventable diseases. Each year the Department of Public Health distributes an immunization survey to all Connecticut schools and licensed group day care homes and child care centers. On the survey, the total number of attendees who completed the required vaccine series, the number who failed to complete the required vaccine series, and the number of children with a religious or medical exemption are reported. This information is reported for all child care attendees on the child care survey and for all kindergarten and seventh grade students on the school survey. In addition, influenza vaccine receipt is surveyed for all preschool<sup>2</sup> attendees. Individual vaccine information on each child is not collected; only total numbers are collected from each school and child care facility.

Typically survey results for the current school year will not be available until the summer or fall of the next school year.

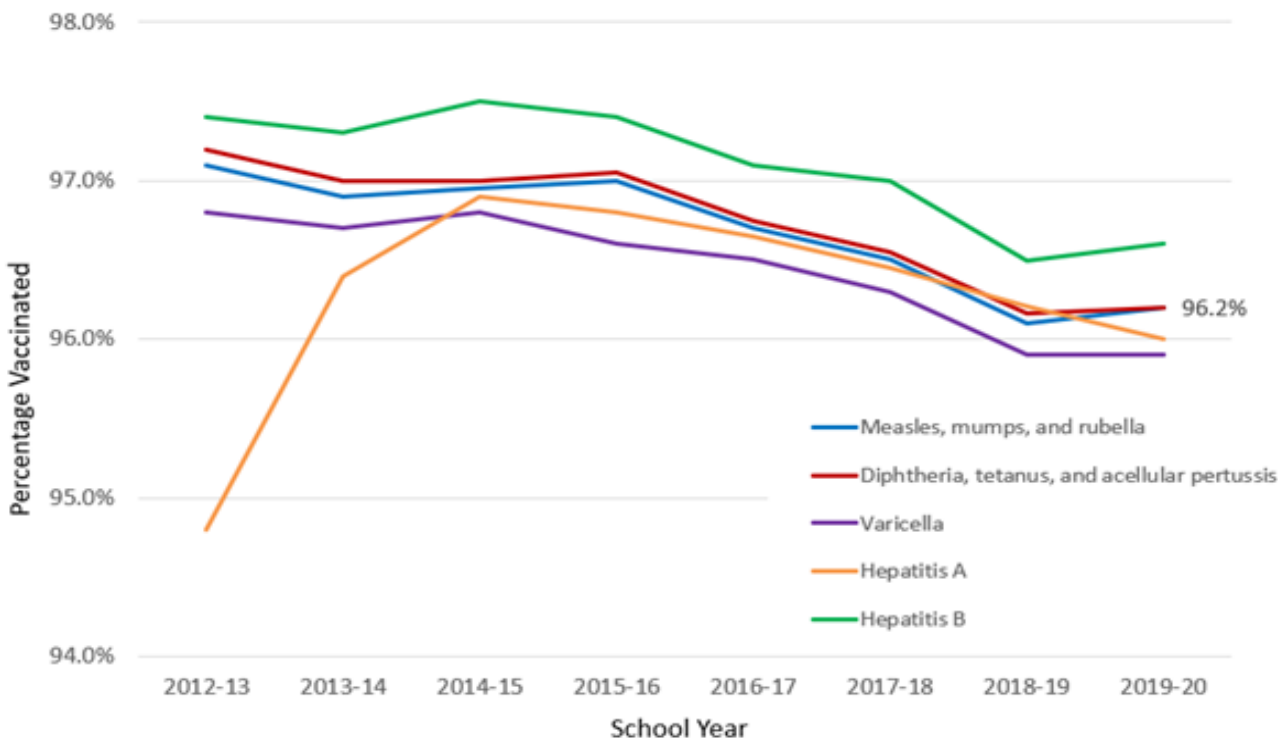
### **Statewide Data Summary of Religious and Medical Exemptions, 1999–2020**

#### **Highlights for 2019-2020**

The percentage of Connecticut kindergarten students receiving all required measles mumps and rubella (MMR) vaccines in the 2019-2020 school year was 96.2%. This is a slight increase of 0.1 percentage points from the previous year and a drop of 0.9 percentage points since 2012–2013. For public schools the

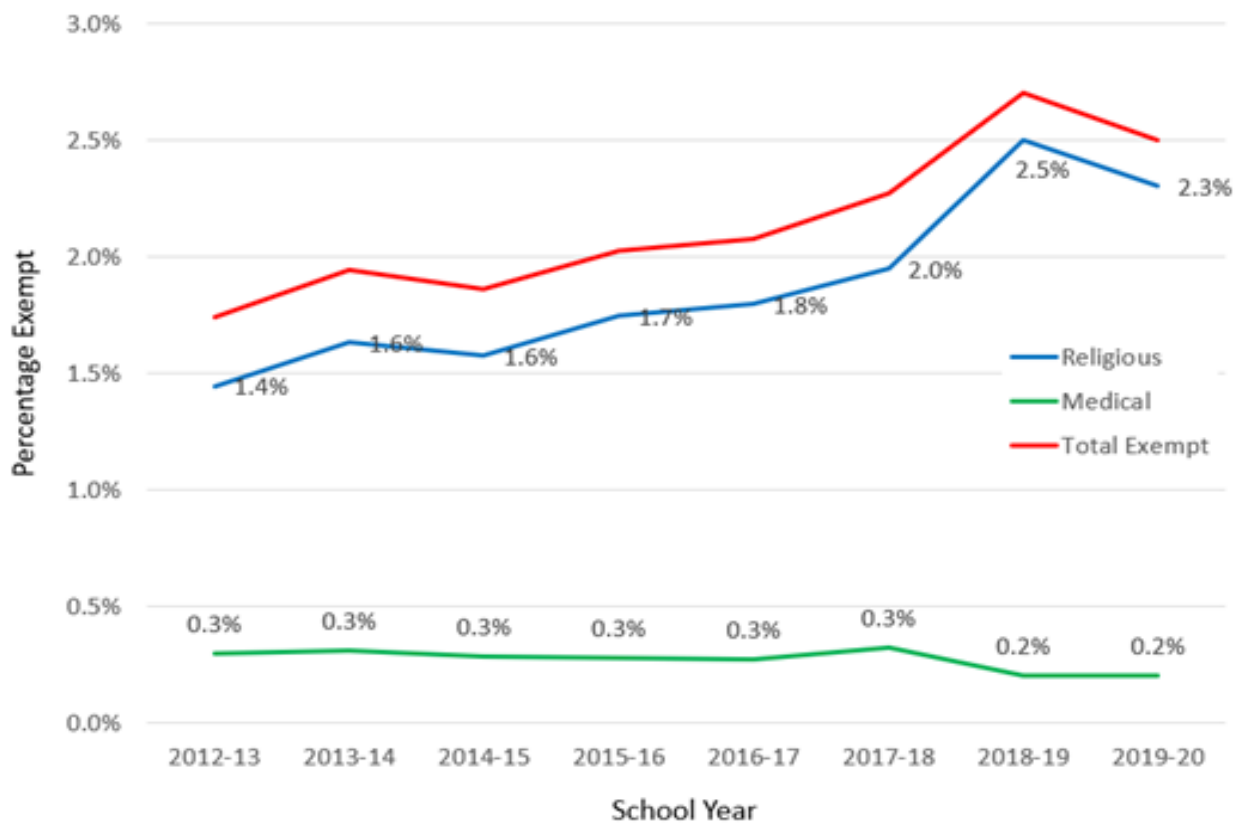
average MMR rate is 96.5% and for private schools the average is 92.1%. Of the schools with more than 30 kindergarten students, 120 schools have MMR rates below 95%, and 26 schools have MMR rates below 90%.

**Percentage of Vaccinated Kindergartners, Connecticut, 2012 – 2020**



The percentage of kindergarten students with a religious exemption decreased by 0.2% compared with last year, and is now 2.3%. The national average during 2019-20 for non-medical exemptions is 2.2%<sup>3</sup>. The percentage of kindergarten students with a religious exemption has increased 0.9% since 2012-2013. The percentage of kindergarten students with a medical exemption remains fairly constant, at 0.2% in 2019-2020, compared with 0.3% during previous years.

**Kindergarten Exemptions, Connecticut, 2012–2020**



**Statewide Summary Statistics** includes summary immunization information for kindergarten, seventh grade, and influenza vaccine for preschool.

- [2019-2020](#)
- [2018-2019](#)
- [2017-2018](#)
- [2016-2017](#)
- [2015-2016](#)
- [2014-2015](#)
- [2013-2014](#)
- [2012-2013](#)

**County Summary Statistics** includes county summary immunization information for kindergarten, seventh grade, and influenza vaccine for preschool.

- [2019-2020](#)
- [2018-2019](#)
- [2017-2018](#)
- [2016-2017](#)
- [2015-2016](#)

- [2014-2015](#)
- [2013-2014](#)
- [2012-2013](#)

**School Immunization Data** includes immunization information data for each reporting school. You can look up your individual school to see immunization rates, exemption rates, and other related information.

**Please note the data limitations listed in the definitions tab in each of the following documents.**

- **Kindergarten**
  - [2019-2020](#)
  - [2018-2019](#)
  - [2017-2018](#)
- **Seventh Grade**
  - [2019-2020](#)
  - [2018-2019](#)
  - [2017-2018](#)
- **Exemption rates for all students, all grade levels**
  - [2019-2020](#)
  - [2018-2019](#)
  - [2017-2018](#)

1 [http://www.cdc.gov/vaccines/imz-managers/guides-pubs/downloads/vacc\\_mandates\\_chptr13.pdf](http://www.cdc.gov/vaccines/imz-managers/guides-pubs/downloads/vacc_mandates_chptr13.pdf)

2 [Includes preschool programs run by local boards of education; preschool programs located in child care centers are counted on the child care survey.](#)

3 [Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States, 2019–20 School Year \(https://www.cdc.gov/mmwr/volumes/70/wr/mm7003a2.htm?s\\_cid=mm7003a2\\_e\)](#)

For more information or to contact the Immunization Program, please call:

**860-509-7929 (tel:8605097929)**, during normal business hours, Monday-Friday 8:30am to 4:30pm



**[Return to Immunization Home Page \(/DPH/Immunizations/Electronic-Health-Record-Electronic-Exchange-With-CT-WiZ\)](#)**

**[Return to DPH Home Page \(http://www.ct.gov/dph/site/default.asp\)](http://www.ct.gov/dph/site/default.asp)**

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# **Exhibit E**

# Vaccine Excipient Summary

## Excipients Included in U.S. Vaccines, by Vaccine

In addition to weakened or killed disease antigens (viruses or bacteria), vaccines contain very small amounts of other ingredients – excipients.

Some excipients are added to a vaccine for a specific purpose. These include:

**Preservatives**, to prevent contamination. For example, thimerosal.

**Adjuvants**, to help stimulate a stronger immune response. For example, aluminum salts.

**Stabilizers**, to keep the vaccine potent during transportation and storage. For example, sugars or gelatin.

Others are residual trace amounts of materials that were used during the manufacturing process and removed. These can include:

**Cell culture materials**, used to grow the vaccine antigens. For example, egg protein, various culture media.

**Inactivating ingredients**, used to kill viruses or inactivate toxins. For example, formaldehyde.

**Antibiotics**, used to prevent contamination by bacteria. For example, neomycin.

The following table lists substances, other than active ingredients (i.e., antigens), shown in the manufacturers' package insert (PI) as being contained in the final formulation of each vaccine. **Note: Substances used in the manufacture of a vaccine but not listed as contained in the final product (e.g., culture media) can be found in each PI, but are not shown on this table.** Each PI, which can be found on the FDA's website (see below) contains a description of that vaccine's manufacturing process, including the amount and purpose of each substance. In most PIs, this information is found in Section 11: "Description."

### All information was extracted from manufacturers' package inserts.

The date shown in the Date column of the table is the edition date of the PI is use in February 2020.

If a date contains an asterisk (\*), the PI was not dated and this is the date the PI was reviewed for this table.

If in doubt about whether a PI has been updated since this table was prepared, check the FDA's website at:

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm>

All influenza vaccine in this table are 2019-20 northern hemisphere formulation.

Vaccine	Date	Contains
Adenovirus	10/2019	monosodium glutamate, sucrose, D-mannose, D-fructose, dextrose, human serum albumin, potassium phosphate, plasdone C, anhydrous lactose, microcrystalline cellulose, polacrilin potassium, magnesium stearate, cellulose acetate phthalate, alcohol, acetone, castor oil, FD&C Yellow #6 aluminum lake dye
Anthrax (Biothrax)	11/2015	aluminum hydroxide, sodium chloride, benzethonium chloride, formaldehyde
BCG (Tice)	2/2009	glycerin, asparagine, citric acid, potassium phosphate, magnesium sulfate, iron ammonium citrate, lactose
Cholera (Vaxchora)	6/2016	ascorbic acid, hydrolyzed casein, sodium chloride, sucrose, dried lactose, sodium bicarbonate, sodium carbonate
Dengue (Dengvaxia)	6/2019	sodium chloride, essential amino acids (including L-phenylalanine), non-essential amino acids, L-arginine hydrochloride, sucrose, D-trehalose dihydrate, D-sorbitol, trometamol, urea
DT (Sanofi)	6/2018	aluminum phosphate, isotonic sodium chloride, formaldehyde
DTaP (Daptacel)	12/2018	aluminum phosphate, formaldehyde, glutaraldehyde, 2-phenoxyethanol
DTaP (Infanrix)	12/2018	formaldehyde, aluminum hydroxide, sodium chloride, polysorbate 80 (Tween 80)
DTaP-IPV (Kinrix)	12/2018	Formaldehyde, aluminum hydroxide, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B
DTaP-IPV (Quadracel)	1/2019	formaldehyde, aluminum phosphate, 2-phenoxyethanol, polysorbate 80, glutaraldehyde, neomycin, polymyxin B sulfate, bovine serum albumin
DTaP-HepB-IPV (Pediarix)	2/2020*	formaldehyde, aluminum hydroxide, aluminum phosphate, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B, yeast protein
DTaP-IPV/Hib (Pentacel)	1/2019	aluminum phosphate, polysorbate 80, sucrose, formaldehyde, glutaraldehyde, bovine serum albumin, 2-phenoxyethanol, neomycin, polymyxin B sulfate
DTaP-IPV-Hib-HepB (Vaxelis)	12/2018	polysorbate 80, formaldehyde, glutaraldehyde, bovine serum albumin, neomycin, streptomycin sulfate, polymyxin B sulfate, ammonium thiocyanate, yeast protein, aluminum
Ebola Zaire (ERVEBO)	2/2020*	Tromethamine rice-derived recombinant human serum albumin, host cell DNA benzonase, rice protein
Hib (ActHIB)	5/2019	sodium chloride, formaldehyde, sucrose
Hib (Hiberix)	4/2018	formaldehyde, sodium chloride, lactose

Vaccine	Date	Contains
Hib (PedvaxHIB)	10/2018	amorphous aluminum hydroxyphosphate sulfate, sodium chloride
Hep A (Havrix)	2/2020*	MRC-5 cellular proteins, formalin, aluminum hydroxide, amino acid supplement, phosphate-buffered saline solution, polysorbate 20, neomycin sulfate, aminoglycoside antibiotic
Hep A (Vaqta)	12/2018	amorphous aluminum hydroxyphosphate sulfate, non-viral protein, DNA, bovine albumin, formaldehyde, neomycin, sodium borate, sodium chloride, other process chemical residuals
Hep B (Engerix-B)	2/2020*	aluminum hydroxide, yeast protein, sodium chloride, disodium phosphate dihydrate, sodium dihydrogen phosphate dihydrate
Hep B (Recombivax)	12/2018	formaldehyde, potassium aluminum sulfate, amorphous aluminum hydroxyphosphate sulfate, yeast protein
Hep B (Heplisav-B)	2017	yeast protein, yeast DNA, deoxycholate, phosphorothioate linked oligodeoxynucleotide, sodium phosphate, dibasic dodecahydrate, sodium chloride, monobasic dehydrate, polysorbate 80
Hep A/Hep B (Twinrix)	2/2020*	MRC-5 cellular proteins, formalin, aluminum phosphate, aluminum hydroxide, amino acids, sodium chloride, phosphate buffer, polysorbate 20, neomycin sulfate, yeast protein, water
Human Papillomavirus (HPV) (Gardasil 9)	10/2018	amorphous aluminum hydroxyphosphate sulfate, sodium chloride, L-histidine, polysorbate 80, sodium borate, yeast protein
Influenza (Afluria) Quadrivalent	12/2019	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, monobasic potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, ovalbumin, sucrose, neomycin sulfate, polymyxin B, beta-propiolactone, hydrocortisone thimerosal (multi-dose vials)
Influenza (Fluad)	4/2019	squalene, polysorbate 80, sorbitan trioleate, sodium citrate dehydrate, citric acid monohydrate, neomycin, kanamycin, barium, hydrocortisone, egg proteins, cetyltrimethylammonium bromide (CTAB), formaldehyde
Influenza (Fluarix) Quadrivalent	©2019	octoxynol-10 (TRITON X-100), $\alpha$ -tocopheryl hydrogen succinate, polysorbate 80 (Tween 80), hydrocortisone, gentamicin sulfate, ovalbumin, formaldehyde, sodium deoxycholate, sodium phosphate-buffered isotonic sodium chloride
Influenza (Flublok) Quadrivalent	4/2019	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, polysorbate 20 (Tween 20), baculovirus and <i>Spodoptera frugiperda</i> cell proteins, baculovirus and cellular DNA, Triton X-100
Influenza (Flucelvax) Quadrivalent	8/2019	Madin Darby Canine Kidney (MDCK) cell protein, phosphate buffered saline, protein other than HA, MDCK cell DNA, polysorbate 80, cetyltrimethylammonium bromide, and $\beta$ -propiolactone, Thimerosal (multi-dose vials)
Influenza (Flulaval) Quadrivalent	2/2020*	ovalbumin, formaldehyde, sodium deoxycholate, $\alpha$ -tocopheryl hydrogen succinate, polysorbate 80, thimerosal (multi-dose vials), phosphate-buffered saline solution
Influenza (Fluzone) Quadrivalent	2019	formaldehyde, egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, thimerosal (multi-dose vials)
Influenza (Fluzone) High Dose	1/2019	egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, formaldehyde
Influenza (FluMist) Quadrivalent	8/2019	monosodium glutamate, hydrolyzed porcine gelatin, arginine, sucrose, dibasic potassium phosphate, monobasic potassium phosphate, ovalbumin, gentamicin sulfate, ethylenediaminetetraacetic acid (EDTA)
Japanese Encephalitis (Ixiaro)	9/2018	aluminum hydroxide, protamine sulfate, formaldehyde, bovine serum albumin, Vero cell DNA, sodium metabisulphite, Vero cell protein
Meningococcal (MenACWY-Menactra)	4/26/18	sodium phosphate-buffered isotonic sodium chloride solution, formaldehyde, diphtheria toxoid
Meningococcal (MenACWY-Menveo)	2/2020*	formaldehyde, CRM <sub>197</sub> protein
Meningococcal (MenB – Bexsero)	2/2020*	aluminum hydroxide, sodium chloride, histidine, sucrose, kanamycin
Meningococcal (MenB – Trumenba)	2018	polysorbate 80, aluminum phosphate, histidine buffered saline

Vaccine	Date	Contains
MMR (MMR-II)	2/2020*	vitamins, amino acids, fetal bovine serum, sucrose, glutamate, recombinant human albumin, neomycin, sorbitol, hydrolyzed gelatin, sodium phosphate, sodium chloride, WI-38 human diploid lung fibroblasts
MMRV (ProQuad) (Frozen: Recombinant Albumin)	2/2020*	MRC-5 cells including DNA and protein, sucrose, hydrolyzed gelatin, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate dibasic, recombinant human albumin, sodium bicarbonate, potassium phosphate monobasic, potassium chloride; potassium phosphate dibasic, neomycin, bovine calf serum
MMRV (ProQuad) (Frozen: Human Serum Albumin)	2/2020*	MRC-5 cells including DNA and protein, sucrose, hydrolyzed gelatin, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate dibasic, human albumin, sodium bicarbonate, potassium phosphate monobasic, potassium chloride; potassium phosphate dibasic, neomycin, bovine calf serum
MMRV (ProQuad) (Refrigerator Stable)	10/2018	MRC-5 cells including DNA and protein, sucrose, hydrolyzed gelatin, urea, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate, recombinant human albumin, sodium bicarbonate, potassium phosphate, potassium chloride, neomycin, bovine serum albumin
Pneumococcal (PCV13 – Prevnar 13)	8/2017	CRM <sub>197</sub> carrier protein, polysorbate 80, succinate buffer, aluminum phosphate
Pneumococcal (PPSV-23 – Pneumovax)	2/2020*	isotonic saline solution, phenol
Polio (IPV – Ipol)	2/2020*	calf bovine serum albumin, 2-phenoxyethanol, formaldehyde, neomycin, streptomycin, polymyxin B, M-199 medium
Rabies (Imovax)	10/2019	human albumin, neomycin sulfate, phenol red, beta-propiolactone
Rabies (RabAvert)	©2018	chicken protein, polygeline (processed bovine gelatin), human serum albumin, potassium glutamate, sodium EDTA, ovalbumin, neomycin, chlortetracycline, amphotericin B
Rotavirus (RotaTeq)	2/2017	sucrose, sodium citrate, sodium phosphate monobasic monohydrate, sodium hydroxide, polysorbate 80, cell culture media, fetal bovine serum <i>[DNA from porcine circoviruses (PCV) 1 and 2 has been detected in RotaTeq. PCV-1 and PCV-2 are not known to cause disease in humans.]</i>
Rotavirus (Rotarix)	2/2020*	dextran, Dulbecco's Modified Eagle Medium (sodium chloride, potassium chloride, magnesium sulfate, ferric (III) nitrate, sodium phosphate, sodium pyruvate, D-glucose, concentrated vitamin solution, L-cystine, L-tyrosine, amino acids, L-glutamine, calcium chloride, sodium hydrogenocarbonate, and phenol red), sorbitol, sucrose, calcium carbonate, sterile water, xanthan <i>[Porcine circovirus type 1 (PCV-1) is present in Rotarix. PCV-1 is not known to cause disease in humans.]</i>
Smallpox (Vaccinia) (ACAM2000)	3/2018	HEPES, 2% human serum albumin, 0.5 - 0.7% sodium chloride USP, 5% Mannitol USP, neomycin, polymyxin B, 50% Glycerin USP, 0.25% phenol USP
Td (Tenivac)	11/2019	aluminum phosphate, formaldehyde, sodium chloride, water
Td (TDVAX)	9/2018	aluminum phosphate, formaldehyde, thimerosal
Tdap (Adacel)	1/2019	aluminum phosphate, formaldehyde, 2-phenoxyethanol, glutaraldehyde, water
Tdap (Boostrix)	2/2020*	formaldehyde, aluminum hydroxide, sodium chloride, polysorbate 80
Typhoid (Typhim Vi)	3/2014	formaldehyde, phenol, polydimethylsiloxane, disodium phosphate, monosodium phosphate, sodium chloride, sterile water
Typhoid (Vivotif Ty21a)	9/2013	sucrose, ascorbic acid, amino acids, lactose, magnesium stearate. gelatin
Varicella (Varivax) <i>Frozen</i>	2/2020*	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed gelatin, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, sodium phosphate monobasic, potassium phosphate monobasic, potassium chloride, EDTA, neomycin, fetal bovine serum
Varicella (Varivax) <i>Refrigerator Stable</i>	10/2018	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed gelatin, sodium chloride, monosodium L-glutamate, urea, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, neomycin, bovine calf serum
Yellow Fever (YF-Vax)	2/2019	sorbitol, gelatin, sodium chloride
Zoster (Shingles) (Zostavax) <i>Frozen</i>	1/2019	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed porcine gelatin, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride; neomycin, bovine calf serum

Vaccine	Date	Contains
Zoster (Shingles) (Zostavax) <i>Refrigerator Stable</i>	8/2018	MRC-5 human diploid cells, including DNA & protein, sucrose, hydrolyzed porcine gelatin, urea, sodium chloride, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, neomycin, bovine calf serum
Zoster (Shingles) (Shingrix)	2/2020*	sucrose, sodium chloride, dioleoyl phosphatidylcholine (DOPC), 3- <i>O</i> -desacetyl-4' monophosphoryl lipid A (MPL), QS-21 (a saponin purified from plant extract <i>Quillaja saponaria</i> Molina), potassium dihydrogen phosphate, cholesterol, sodium dihydrogen phosphate dihydrate, disodium phosphate anhydrous, dipotassium phosphate, polysorbate 80, host cell protein and DNA

A table listing vaccine excipients and media *by excipient* is published by the Institute for Vaccine Safety at Johns Hopkins University, and can be found at <http://www.vaccinesafety.edu/components-Excipients.htm>.

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